

# Provider Directory



**Medi-Cal**  
San Diego County | 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 برييل والخط الكبير. اتصل بـ 1-855-699-5557 (TTY: 711). هذه الخدمات مجانية.

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

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) | ਆਚਰਜ ਲੇਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711) | ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

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

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

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

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

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

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

# Table of Contents

A. Introduction.....	6
Non-Discrimination Notice.....	9
How to File a Grievance.....	10
Blue Shield Promise Provider Network.....	12
Provider Directory Physical Accessibility Indicators.....	13
Accessibility Code Explanations.....	14
How to Read the Provider Listing.....	15
Timely Access to Care Standards.....	16
B. Federally Qualified Health Clinics.....	19
C. Primary Care Directory.....	311
D. Specialist Provider Directory.....	665
E. Hospital Directory - General Acute Care Hospital.....	1435
F. Long-Term Care (LTC) and Skilled Nursing Facilities (SNF).....	1440
G. Community-Based Adult Services (CBAS) - Adult Day Services.....	1457
H. County In-Home Support Services (IHSS).....	1460
I. Mental Health Directory.....	1461
J. Vision Provider Directory - Eye & Vision Services.....	1546
K. Other Services Providers (Community Supports, Enhanced Care Management).....	1666
L. Blue Shield Promise Urgent Care Facilities.....	1682
M. Primary Care Index.....	1717

# A. Introduction

Thank you for choosing Blue Shield of California Promise Health Plan. This Provider Directory lists clinics, doctors, hospitals, and other types of providers that are part of Blue Shield of California Promise Health Plan.

When you join Blue Shield of California Promise Health Plan, it is important you choose a primary care physician (PCP) for each member. If you do not choose one, Blue Shield Promise will choose one for you. Your PCP will be the doctor you will go to for preventive care and when you become ill. Your PCP will send you to a specialist physician or other specialist provider when needed. The PCP is there to attend to your healthcare needs and work with members to keep them healthy.

## Changing your PCP

You may change your PCP at any time by calling Blue Shield Promise Customer Care **(855) 699-5557** [TTY: 711]. Changes will not be effective until the first of the following month.

You can also visit our website at:

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

As a member of Blue Shield of California Promise Health Plan, you will receive a member ID card like the one pictured on this page. You will need to show this ID card each time you see your doctor, use the emergency room, or see your eye doctor. Keep this card with you at all times.

When you get your ID card, please make sure

that it is correct. If it is not, call Blue Shield of California Promise Health Plan Customer Care at **(855) 699-5557**.

Do not throw your Medi-Cal (BIC) card away. You will need to use your Medi-Cal (BIC) card to see your Medi-Cal dentist and to get other healthcare services that are not covered by Blue Shield of California Promise Health Plan.



*Blue Shield Identification Card (BIC)*

## Pharmacy Services through Medi-Cal Rx

The Department of Health Care Services (DHCS) manages pharmacy services for Medi-Cal members. For Pharmacy Services, you can call the Medi-Cal Rx Call Center Line **1-800-977-2273** twenty-four hours a day, seven days a week or 711 for TTY, Monday thru Friday, 8am to 5pm.

Most pharmacies will accept Medi-Cal Rx. You can contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077) to ask if your pharmacy will accept Medi-Cal Rx. If you

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

need help finding a pharmacy, use the Medi-Cal Rx Pharmacy Locator online at: [www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov) or call the Medi-Cal Rx Call Center Line at **1-800-977-2273**.

## How to use this directory

You can use this Provider Directory to choose a Blue Shield Promise contracted PCP. The PCPs, along with specialist providers, hospitals, and other support providers, are listed alphabetically by city. In the "Blue Shield Promise provider network" section, you will find information about how to read the provider listing sections, and how to find the important information you need to know about each provider.

## Important information about the directory listings

This Provider Directory is updated according to the date listed on the front cover. Some PCPs may have been added or removed after this directory was printed. We do not guarantee that each PCP is still accepting new members. To get the most up-to-date information about PCPs in your area, you can visit [blueshieldca.com/promise](http://blueshieldca.com/promise) or call Blue Shield Promise Customer Care toll-free at **(855) 699-5557** (TTY: **711**). Or visit our office Monday through Friday from 8 a.m. to 6 p.m. Walk-ins are welcome. We have staff who speak your language. You can also visit our website at [blueshieldca.com/promise](http://blueshieldca.com/promise).

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## Other important information and disclosures

Some providers and hospitals do not offer one or more of the following services that may be covered by your health plan that you may need like family planning; birth control including emergency birth control; sterilization including tubal ligation at the time of labor and delivery; infertility treatment; or abortion.

Call Blue Shield Promise Customer Care at **(855) 699-5557** to ensure that you can get the healthcare services you need.

For more information about our providers, including their education and experience (such as medical schools they went to, residency training, and board certification status), call Blue Shield Promise Customer Care or use the provider search tool on our website at [blueshieldca.com/promise](http://blueshieldca.com/promise).

Authorization or referrals may be required to access some providers. Blue Shield Promise provides full and equal access to covered services, including enrollees with disabilities. All providers are offered and have to complete cultural competency training.

## Interpreter services

To make it easier for you, Blue Shield Promise provides:

- **Bilingual** staff to help you in your language.
- **Interpreter services**, including American

Sign Language, at no cost to you for all of your healthcare needs. You don't need to ask friends or family members to interpret for you. You can get interpreter services 24 hours a day, seven days a week for:

- ✓ **Medical services:** Doctor visits, after-hours services, urgent care services, and health education classes.
- ✓ **Non-medical services:** Customer service, member complaints, and member orientation meetings.
- ✓ **Materials in other formats** such as Braille, audio, or large print.

All you need to do is call your medical group or Blue Shield Promise Customer Care. For scheduled appointments, make sure you ask for an interpreter at least ten (10) working days before your appointment.

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





Promise Health Plan

## NONDISCRIMINATION NOTICE

---

Discrimination is against the law. Blue Shield of California Promise Health Plan follows State and Federal civil rights laws. Blue Shield of California Promise Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Blue Shield of California Promise Health Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Blue Shield of California Promise Health Plan between 8 a.m. to 6 p.m., Monday through Friday. Call Customer Service in your region:

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

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

If you cannot hear or speak well, please call **TTY: 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

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)

TTY: 711

---

## HOW TO FILE A GRIEVANCE

If you believe that Blue Shield of California Promise Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Blue Shield of California Promise Health Plan's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Blue Shield of California Promise Health Plan's Civil Rights Coordinator between 8 a.m. to 6 p.m., Monday through Friday by calling (844) 883-2233. Or, if you cannot hear or speak well, please call TTY/TDD 711.

- In writing: Fill out a complaint form or write a letter and send it to:  
Blue Shield of California Promise Health Plan Civil Rights Coordinator  
3840 Kilroy Airport Way, Long Beach, CA 90806
- In person: Visit your doctor's office or Blue Shield of California Promise Health Plan and say you want to file a grievance.
- Electronically: Visit Blue Shield of California Promise Health Plan's website at [www.blueshieldca.com/promise/medi-cal](http://www.blueshieldca.com/promise/medi-cal).

---

## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:  
**Deputy Director, Office of Civil Rights Department of Health Care Services**  
**P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413**  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

---

## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
- In writing: Fill out a complaint form or send a letter to  
**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW, Room 509F, HHH Building**  
**Washington, D.C. 20201**  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

# Blue Shield Promise Provider Network

## Definitions and General Information

**Community clinic:** A nonprofit clinic that provides healthcare services to Blue Shield Promise members.

**Family and General Practice:** Doctors who treat children and adult men and women.

**Federally Qualified Health Center (FQHC):** A community-based organization that provides primary and preventive care to persons of all ages, regardless of their ability to pay or their health insurance status.

**Hospital:** Blue Shield Promise contracts with many hospitals. Check the hospital affiliation of the primary care physician you want to choose.

**Internal Medicine:** Doctors who treat adult men and women over the age 18.

**Independent Practice Association (IPA):** A healthcare model that contracts with a group of physicians to provide healthcare services.

**Medical group:** A group of physicians that provides healthcare services to Blue Shield Promise members.

**Obstetrics/Gynecology:** Doctors who specialize in women's health and maternity care.








**Pediatrics:** Doctors who treat children up to age 18.

**Primary care physician (PCP):** As a Blue Shield Promise member, you must choose a PCP for your general healthcare needs. If you do not choose a PCP, we will choose one for you. All PCPs are listed by city. You can choose any of the following types of doctors:

- Family and General Practice
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## Provider Directory Key

- \* | Provider is not accepting new patients in this health network
-  | Provider address
-  | Provider phone number
-  | Provider after-hours phone number
-  | Language spoken at this provider office
-  | Provider office hours
-  | Accessibility information
-  | Provider website

# Provider Directory Physical Accessibility Indicator

Below you can find information on basic access needs for seniors and people with disabilities (SPD) when visiting a doctor's office. We know that member needs vary. Therefore, we ask members to call the doctor's office to discuss their access needs.

## **E = Exam Room**

The entrance to the exam room is accessible, with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter.

## **EB = Exterior Building**

Curb ramps and other ramps to the building are wide enough for a wheelchair or a scooter user. Handrails are provided on both sides of the ramp. There is an "accessible" entrance to the building. Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use.

## **IB = Interior Building**

Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if present, have handrails.

If there is an elevator, it is available for the public and patients to use at all times the building is open. The elevator has easy-to-hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or a scooter user to turn around. If there is a platform lift, it can be used without help.

## **P = Parking**

Parking spaces, including van-accessible space(s), are accessible. Pathways have curb ramps between the parking lot, the office, and drop-off locations.

## **R = Restroom**

The restroom is accessible and the doors are easy to open and open wide enough to accommodate a wheelchair or scooter. The restroom has enough room for a wheelchair or scooter user to turn around and close the door. There are grab bars that allow easy transfer from wheelchair/scooter to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

## **T = Exam Table/Scale**

The exam table moves up and down, and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale is able to accommodate a wheelchair.

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## Accessibility Code Explanations

---

<b>CODE</b>	<b>Explanation</b>
P	<b>Parking</b>
EB	<b>Exterior Building</b>
IB	<b>Interior Building</b>
W	<b>Wheelchair</b>
R	<b>Restroom</b>
E	<b>Exam Room</b>
T	<b>Exam Table/Scale</b>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# How to Read the Provider Listing

The following information can help you choose your Primary Care Physician.

1. Provider's medical specialty
2. Provider's name, License Type
3. Provider's ID number
4. Provider's gender
5. Provider's license number
6. Provider's NPI number
7. Languages spoken by the provider and staff
8. Cultural competency training
9. Hospital affiliations
10. Board Certified Specialty:
11. FQHC/Medical Group's Name
12. Provider's address
13. Provider's phone number
14. Provider's fax number
15. Provider's website
16. Provider's email address
17. Medi-Cal Open Panel:
18. Min/Max Age:
19. Building access for person with disabilities
20. Provider's office hours

## Example:

1. Pediatrics
2. Doe, Jane, MD
3. Provider ID: 00A2123456
4. Female
5. License number 00A123456
6. NPI: 0123456789
7. English, Spanish, Vietnamese, Farsi
8. Yes
9. Good Samaritan Hospital
10. Pediatrics
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
16. doctordoe@gmail.com
17. Yes/No
18. 0-18
19. Limited. P, EB, IB, E
20. M-F 8AM-5PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# Timely Access to Care Standards

---

## Appointment Type:

## Must Get Appointment Within:

Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-physician)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business day
Telephone wait times during normal business hour	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





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. Federally Qualified Health Clinics


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

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:

619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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: 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](http://www.mtnhealth.org)

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A158569

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics






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)







g  
**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


FOUNDATION


 Website: N/A


### CAMPO

#### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-445-6200

 After Hours Phone:  
619-445-6200


License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

*Cultural Competency: No*

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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 FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 20A11535

NPI: 1134155377

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


Site English Spoken: Yes  
Site Language(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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 20A14919

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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: A108228

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics






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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A148014  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TH 9:00AM-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


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## B. Federally Qualified Health Clinics

 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  
 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





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

WE 9:00AM-5:00PM  
 TH 9:00AM-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  
 TH 9:00AM-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## B. Federally Qualified Health Clinics

 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



 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.









## B. Federally Qualified Health Clinics

WE 9:00AM-5:00PM  
 TH 9:00AM-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  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 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

 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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

WE 9:00AM-5:00PM  
TH 9:00AM-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  
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-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):  
N  
 **Accessibility:** CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 **Website:** [www.fhcsd.org](http://www.fhcsd.org)

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

Provider ID: 417641  
 352 L ST  
CHULA VISTA, CA  
91911-1208  
 **Phone:** 619-515-2325  
**Fax:** 619-420-0660  
 **After Hours Phone:** 619-515-2325  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 **Site English Spoken:** Yes  
**Cultural Competency:** No  
 **Hours:** SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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-RICE FAM HC**

Provider ID: 417641  
 352 L ST  
CHULA VISTA, CA  
91911-1208  
 **Phone:** 619-515-2325

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

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

☎ Phone: 619-662-4100

☎ After Hours Phone:  
619-662-4100

License Number: G59670

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes  
Cultural Competency: No

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

*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):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: SP18192

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

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)

### **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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics



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*

### **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**  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: 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: 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**  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: 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: 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**  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: 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: 20A19485  
 NPI: 1598122871

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

619-662-4100  
License Number: A114893  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A115598  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 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):  
N  
 Accessibility: CONTACT

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

### SAN YSIDRO HEALTH CHULA VISTA

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

License Number: A120584  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics






 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A120672  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A123263  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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: 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](http://www.ihpsocal.org)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A127706

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A138474

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No


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

American Sign Language (ASL):






N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics






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


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

*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A138534*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*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: 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*






### **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*

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

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: 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):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA

#### VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A177922

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

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): **SAN YSIDRO HEALTH CHULA VISTA**

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): **SAN YSIDRO HEALTH CHULA VISTA**


N


 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: 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)

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

























Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


-  *After Hours Phone:*  
 619-662-4100  
*License Number:* A56153  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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
-  *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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
-  *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  
 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  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A80185

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## B. Federally Qualified Health Clinics


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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DC20760

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 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](http://www.ihpsocal.org)

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: DC33295

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

SA 8:00AM-5:00PM  
American Sign Language (ASL): **CHULA VISTA FAMILY HLTH  
CTR**


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DPM2930

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL): DIEGO

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID: 206355*

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone: 619-515-2500*

 *After Hours Phone: 619-515-2500*

*License Number: PT37189*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*


*Cultural Competency: No*

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


### **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): HEALTH CENTERS OF SAN DIEGO*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID: 206355*

 252 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone: 619-515-2500*

 *After Hours Phone: 619-515-2500*

*License Number: A116680*

*NPI: 1134155377*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

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

### **OTAY FAMILY HEALTH CLINIC**

*Provider ID: 314546*

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

 *Phone: 619-205-1360*

 *After Hours Phone: 619-205-1360*

*License Number: A95959*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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)

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

### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546

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

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A123170

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

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)

### 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](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: A49591

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

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: 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

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

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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

- After Hours Phone: 619-515-2499  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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
- 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
- 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
- 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  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org
- CHASE AVENUE FAMILY HEALTH CTRS INC**  
 Provider ID: 206354  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone: 619-515-2499  
 License Number: A138887  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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
- 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  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org
- CHASE AVENUE FAMILY HEALTH CTRS INC**  
 Provider ID: 206354  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone: 619-515-2499  
 License Number: A138887  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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
- 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  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org
- CHASE AVENUE FAMILY HEALTH CTRS INC**  
 Provider ID: 206354  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone: 619-515-2499  
 License Number: A138887  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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
- 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  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org
- CHASE AVENUE FAMILY HEALTH CTRS INC**  
 Provider ID: 206354  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone: 619-515-2499  
 License Number: A138887  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


### 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: 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):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499

License Number: DC33150

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

 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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

Provider ID: 418340

 526 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 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: 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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### **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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


**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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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: 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-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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### **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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics



**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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics

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

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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### **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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

**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)



**CENTRO MEDICO EL CAJON**  
Provider ID: 478971

 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: A151547  
NPI: 1134144165




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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 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  
FOUNDATION  
 Website: N/A

**CENTRO MEDICO EL CAJON**  
Provider ID: 478971




 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: A158569  
NPI: 1134144165

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  
FOUNDATION  
 Website: N/A

**CENTRO MEDICO EL CAJON**  
Provider ID: 478971





 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


<p><b>N</b>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</i>   <i>Website: N/A</i></p>	<p><b>CENTRO MEDICO EL CAJON</b>  <i>Provider ID: 478971</i>   133 W MAIN ST STE 100            EL CAJON, CA 92020-3325   <i>Phone: 619-401-0404</i>   <i>After Hours Phone: 619-401-0404</i>  <i>License Number: NP95001710</i>  <i>NPI: 1134144165</i></p>	<p><i>NPI: 1609849074</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 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></p>
<p><b>CENTRO MEDICO EL CAJON</b>  <i>Provider ID: 478971</i>   133 W MAIN ST STE 100            EL CAJON, CA 92020-3325   <i>Phone: 619-401-0404</i>   <i>After Hours Phone: 619-401-0404</i>  <i>License Number: G52812</i>  <i>NPI: 1134144165</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-8:00PM</i>  <i>MO 8:00AM-8:00PM</i>  <i>TU 8:00AM-8:00PM</i>  <i>WE 8:00AM-8:00PM</i>  <i>TH 8:00AM-8:00PM</i>  <i>FR 8:00AM-8:00PM</i>  <i>SA 8:00AM-8:00PM</i>  <i>American Sign Language (ASL):</i></p>	<p><i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-8:00PM</i>  <i>MO 8:00AM-8:00PM</i>  <i>TU 8:00AM-8:00PM</i>  <i>WE 8:00AM-8:00PM</i>  <i>TH 8:00AM-8:00PM</i>  <i>FR 8:00AM-8:00PM</i>  <i>SA 8:00AM-8:00PM</i>  <i>American Sign Language (ASL):</i></p>	<p><i>American Sign Language (ASL):</i>  <b>N</b>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC</i>   <i>Website: www.lamaestra.org</i></p>
<p><b>N</b>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</i>   <i>Website: N/A</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185267</i>   165 S 1ST ST            EL CAJON, CA 92019-4795   <i>Phone: 619-312-0347</i>   <i>After Hours Phone: 619-312-0347</i>  <i>License Number: A68184</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185267</i>   165 S 1ST ST            EL CAJON, CA 92019-4795   <i>Phone: 619-312-0347</i>   <i>After Hours Phone: 619-312-0347</i>  <i>License Number: PA58466</i>  <i>NPI: 1609849074</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 9:00AM-5:00PM</i>  <i>MO 9:00AM-5:00PM</i>  <i>TU 9:00AM-5:00PM</i></p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

WE 9:00AM-5:00PM  
TH 9:00AM-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

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 CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416

 Phone: 619-795-5991


 After Hours Phone:  
619-795-5991

License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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)

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 *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*

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

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:

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

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)

### 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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





### 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  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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)  
 g

### 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)  
 g

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 20A14919

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A107093

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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

### 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics


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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


<p>  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         </p>	<p>           TH 8:00AM-5:00PM            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         </p>	<p>           SOUTHERN CALIFORNIA   Website: N/A         </p>
<p> <b>SAN YSIDRO HEALTH EL CAJON</b>            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         </p>	<p> <b>SAN YSIDRO HEALTH EL CAJON</b>            Provider ID: 569910   875 EL CAJON BLVD            EL CAJON, CA 92020-5714   Phone: 619-662-4100   After Hours Phone: 619-662-4100            License Number: A40473            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish, Tagalog            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            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         </p>	<p> <b>SAN YSIDRO HEALTH EL CAJON</b>            Provider ID: 569910   875 EL CAJON BLVD            EL CAJON, CA 92020-5714   Phone: 619-662-4100   After Hours Phone: 619-662-4100            License Number: A47906            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish, Tagalog            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            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         </p>
<p>  Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: N/A         </p>	<p> <b>SAN YSIDRO HEALTH EL CAJON</b>            Provider ID: 569910   875 EL CAJON BLVD         </p>	

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A79338

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

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: A87650

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

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

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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


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









Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 760-753-7842  
 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  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics








TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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


### ESCONDIDO

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 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 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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


### 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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:

760-520-8100


License Number: A120771

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A152372

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):

N





 Accessibility: CONTACT


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

**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  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics






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: A82173  
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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 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](http://www.ihpsocal.org)


### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745

 After Hours Phone:  
760-520-8100


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

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):  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

-  *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](http://www.ihpsocal.org)
- NEIGHBORHOOD**  
**HEALTHCARE GRAND AVE**  
*Provider ID:* 206269  
 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604  
 *Phone:* 760-520-8200  
 *After Hours Phone:*  
760-520-8200  
*License Number:* A161074  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 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 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: 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

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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  
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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

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

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### **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

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
 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

## 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)


### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD

FALLBROOK, CA

92028-4006

 Phone: 760-451-4720

Fax: 760-451-4700

 After Hours Phone:


760-451-4720

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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

### LA MESA PEDIATRICS






Provider ID: 480827  
 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
Fax: 619-464-5109  
 After Hours Phone: 619-464-6434  
License Number: 20A11733  
NPI: 1134144165  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
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

### LA MESA PEDIATRICS


Provider ID: 480827  
 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
Fax: 619-464-5109  
 After Hours Phone: 619-464-6434  
License Number: 550000430  
NPI: 1134144165  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: Yes  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
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


### LA MESA PEDIATRICS

Provider ID: 480827  
 8881 FLETCHER PKWY STE




200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
Fax: 619-464-5109

 After Hours Phone: 619-464-6434  
License Number: A113241  
NPI: 1134144165  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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

### LA MESA PEDIATRICS

Provider ID: 480827  
 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
Fax: 619-464-5109  
 After Hours Phone: 619-464-6434  
License Number: A89865

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
858-218-3000

License Number: DC33688

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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 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](http://www.ihpsocal.org)

### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
Fax: 360-462-2744


 After Hours Phone:  
858-218-3000


License Number: 80000483

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

### LEMON GROVE

#### 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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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: 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: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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: 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







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

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: 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):  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: 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):  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: 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

Accepting New Patients: 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

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: N/A

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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):

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: 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

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: NP95001050

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 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):  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: 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 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 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 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

Fax: 619-825-9577

 After Hours Phone:  
619-515-2550


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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  
SA 9:00AM-5:00PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### 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): 

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

Accepting New Patients: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

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: 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: N/A

### NATIONAL CITY

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426


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

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426


License Number: NP22974

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP95000203

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

Cultural Competency: No

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

### 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)

### 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)

### 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics



NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
Fax: 619-474-3722  
 After Hours Phone:  
619-662-4100  
License Number: G46444  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><b>SAN YSIDRO HEALTH PARADISE HILLS</b>  <i>Provider ID: 227418</i>   2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956</p>	<p>91950-2956   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: G88347</i>  <i>NPI: 1598122871</i></p>
<p><b>SAN YSIDRO HEALTH PARADISE HILLS</b>  <i>Provider ID: 227418</i>   2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: A157488</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>   <i>Site Languages(s) Spoken: Tagalog, Spanish</i>  <i>Cultural Competency: No</i>   <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>  <i>American Sign Language (ASL):</i></p>	<p> <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: A167529</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>   <i>Site Languages(s) Spoken: Tagalog, Spanish</i>  <i>Cultural Competency: No</i>   <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>  <i>American Sign Language (ASL):</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: Tagalog, Spanish</i>  <i>Cultural Competency: No</i>   <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>  <i>American Sign Language (ASL):</i></p> <p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>
<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><b>SAN YSIDRO HEALTH PARADISE HILLS</b>  <i>Provider ID: 227418</i>   2400 E 8TH ST STE A NATIONAL CITY, CA</p>	<p><b>SAN YSIDRO HEALTH PARADISE HILLS</b>  <i>Provider ID: 227418</i>   2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956   <i>Phone: 619-662-4100</i>  <i>Fax: 619-259-2806</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: 20A11518</i>  <i>NPI: 1598122871</i></p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-336-2300

 After Hours Phone:  
619-336-2300

License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A103218

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

 After Hours Phone:  
619-662-4100

License Number: A138919

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

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

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A165184

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### **NATIONAL CITY**

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C55180

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

American Sign Language (ASL): **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)


American Sign Language (ASL): **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

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

### 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.or  
g*

### 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.or  
g*

### LA MAESTRA FAMILY CLINIC INC

*Provider ID: 185270*

📍 *217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518*

☎ *Phone: 619-434-7308*

📞 *After Hours Phone:  
619-434-7308*

*License Number: 20A6433*

*NPI: 1609849074*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

🗒 *Site English Spoken: Yes*

*Cultural Competency: No*

🕒 *Hours: SU 9:00AM-5:00PM*

*MO 9:00AM-5:00PM*

*TU 9:00AM-5:00PM*

*WE 9:00AM-5:00PM*

*TH 9:00AM-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.or  
g*

### LA MAESTRA FAMILY CLINIC INC

*Provider ID: 185270*

📍 *217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518*

☎ *Phone: 619-434-7308*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

☎ *After Hours Phone:*  
619-434-7308  
*License Number:* A123929  
*NPI:* 1609849074  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-564-8765

 After Hours Phone:  
619-564-8765

License Number: NP95009891

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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 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](http://www.fhcsd.org)

### FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856


 Phone: 619-515-2399

 After Hours Phone:  
619-515-2399

License Number: A163862

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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):  
N  
 Accessibility: CONTACT


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

### FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930  
 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
619-515-2399  
License Number: PA55660  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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)

### OCEANSIDE

### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: 20A18374

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: A149340

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

 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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: NP95003571

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

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  
SA 8:00AM-5:00PM

American Sign Language (ASL):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></i></p>	<p><b>VISTA COMMUNITY CLINIC</b></p> <p><i>Provider ID: 206341</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057-6043</p> <p> <i>Phone: 760-631-5000</i></p> <p> <i>After Hours Phone: 760-631-5000</i></p> <p><i>License Number: NP95016368</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>License Number: 20A17371</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><b>VISTA COMMUNITY CLINIC</b></p> <p><i>Provider ID: 206341</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 2057-6043</p> <p> <i>Phone: 760-631-5000</i></p> <p><i>Fax: 760-414-3731</i></p> <p> <i>After Hours Phone: 760-631-5000</i></p> <p><i>License Number: A130883</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><b>VISTA COMMUNITY CLINIC</b></p> <p><i>Provider ID: 206341</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 2057-6043</p> <p> <i>Phone: 760-631-5000</i></p> <p><i>Fax: 760-414-3731</i></p> <p> <i>After Hours Phone: 760-631-5000</i></p> <p><i>License Number: NP95016368</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: N/A</i></p>
<p><b>VISTA COMMUNITY CLINIC HORNE STREET</b></p> <p><i>Provider ID: 402436</i></p> <p> 517 N HORNE ST OCEANSIDE, CA 92054-2518</p> <p> <i>Phone: 760-631-5000</i></p> <p> <i>After Hours Phone: 760-631-5000</i></p> <p><i>License Number: NP95006826</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</i></p>	<p><b>VISTA COMMUNITY CLINIC HORNE STREET</b></p> <p><i>Provider ID: 402436</i></p> <p> 517 N HORNE ST OCEANSIDE, CA 92054-2518</p> <p> <i>Phone: 760-631-5000</i></p> <p> <i>After Hours Phone: 760-631-5000</i></p> <p><i>License Number: NP95006826</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</i></p>	<p><i>Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></i></p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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


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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

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): **TRUECARE**

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):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### 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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 Phone: 760-757-4566  
Fax: 760-757-3004

 After Hours Phone:  
760-757-4566

License Number: A66289

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 296477

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

Fax: 760-757-3004

 After Hours Phone:  
760-757-4566

License Number: A116562

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 296478

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
760-757-4566

License Number: NP21368

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

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: 296479

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
760-757-4566

License Number: A64435

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

American Sign Language (ASL):

N




 Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


**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: 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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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  
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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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 PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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









#### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics




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

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT








Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.










## B. Federally Qualified Health Clinics

**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

### 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):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: www.operationsa  
 mahan.org

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 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

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426


License Number: DC15775

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 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.operationsa  
mahan.org

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426


License Number: NP95003211

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 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.operationsa  
mahan.org


### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

 Phone: 844-200-2426

Fax: 858-578-4417


 After Hours Phone:  
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No


 Hours: SU 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.operationsa  
mahan.org

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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)

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

9855 ERMA RD STE 105

SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP95010585

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 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: 432308

9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: A71544

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Cultural Competency: No

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

Provider ID: 432308

9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None



Site English Spoken: yes

Cultural Competency: No






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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

SA 9:00AM-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 - MIRA MESA

Provider ID: 432308  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 Fax: 858-536-8034  
 After Hours Phone:  
 844-200-2426  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

[mahan.org](http://mahan.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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### 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*

### 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608  Phone: 619-255-9155  After Hours Phone: 619-255-9155	Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM	WE 8:00AM-5:00PM TH 8:00AM-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: <a href="http://www.lamaestra.org">www.lamaestra.org</a>
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: <a href="http://www.lamaestra.org">www.lamaestra.org</a>	LA MAESTRA FAMILY CLINIC <b>INC</b> Provider ID: 185268  4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608  Phone: 619-280-7072  After Hours Phone: 619-280-7072 License Number: 20A14222 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-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: <a href="http://www.lamaestra.org">www.lamaestra.org</a>	<b>LA MAESTRA FAMILY CLINIC            INC</b> Provider ID: 185268  4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608  Phone: 619-255-9155 Fax: 619-749-5480  After Hours Phone: 619-255-9155 License Number: A81682 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM	LA MAESTRA FAMILY CLINIC <b>INC</b> Provider ID: 185268  4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608  Phone: 619-280-7072  After Hours Phone: 619-280-7072 License Number: 20A14222 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: LA
<b>LA MAESTRA FAMILY CLINIC            INC</b> Provider ID: 185268  4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608  Phone: 619-255-9155 Fax: 619-284-4731  After Hours Phone: 619-255-9155 License Number: 20A6433 NPI: 1609849074	<b>LA MAESTRA FAMILY CLINIC            INC</b> Provider ID: 185268  4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608  Phone: 619-255-9155 Fax: 619-749-5480  After Hours Phone: 619-255-9155 License Number: A81682 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM	<b>LA MAESTRA FAMILY CLINIC            INC</b> Provider ID: 185268  4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608  Phone: 619-255-9155 Fax: 619-749-5480  After Hours Phone: 619-255-9155 License Number: A81682 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


### MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-564-8765

 After Hours Phone:  
619-564-8765

License Number: NP95009891


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-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: 619-798-3947

 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





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics






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 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  
 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 *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*

*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: 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: [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: 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  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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.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: A175116*

*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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics





<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.sdfamilycare.org</i></p>	<p><b>MID-CITY COMMUNITY CLINIC</b>  <i>Provider ID: 233597</i>   4290 POLK AVE            SAN DIEGO, CA 92105-1524   <i>Phone: 619-563-0250</i>   <i>After Hours Phone: 619-563-0250</i>  <i>License Number: G60630</i></p>	<p><i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-5:00PM</i>  <i>MO 8:00AM-5:00PM</i>  <i>TU 8:00AM-5:00PM</i>  <i>WE 8:00AM-5:00PM</i>  <i>TH 8:00AM-5:00PM</i>  <i>FR 8:00AM-5:00PM</i>  <i>SA 8:00AM-5:00PM</i></p>
<p><b>MID-CITY COMMUNITY CLINIC</b>  <i>Provider ID: 233597</i>   4290 POLK AVE            SAN DIEGO, CA 92105-1524   <i>Phone: 619-563-0250</i>   <i>After Hours Phone: 619-563-0250</i>  <i>License Number: DPM4434</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-5:00PM</i>  <i>MO 8:00AM-5:00PM</i>  <i>TU 8:00AM-5:00PM</i>  <i>WE 8:00AM-5:00PM</i>  <i>TH 8:00AM-5:00PM</i>  <i>FR 8:00AM-5:00PM</i>  <i>SA 8:00AM-5:00PM</i></p>	<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.sdfamilycare.org</i></p>
<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.sdfamilycare.org</i></p>	<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.sdfamilycare.org</i></p>	<p><b>MID-CITY COMMUNITY CLINIC</b>  <i>Provider ID: 233532</i>   4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105-1690   <i>Phone: 619-280-2058</i>   <i>After Hours Phone: 619-280-2058</i>  <i>License Number: A152267</i></p>
<p><i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-5:00PM</i>  <i>MO 8:00AM-5:00PM</i>  <i>TU 8:00AM-5:00PM</i>  <i>WE 8:00AM-5:00PM</i>  <i>TH 8:00AM-5:00PM</i></p>	<p><b>MID-CITY COMMUNITY CLINIC</b>  <i>Provider ID: 233532</i>   4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105-1690   <i>Phone: 619-280-2058</i>   <i>After Hours Phone: 619-280-2058</i>  <i>License Number: A112176</i>  <i>NPI: 1598122871</i></p>	<p><i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-5:00PM</i>  <i>MO 8:00AM-5:00PM</i>  <i>TU 8:00AM-5:00PM</i>  <i>WE 8:00AM-5:00PM</i>  <i>TH 8:00AM-5:00PM</i></p>


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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




### MID-CITY COMMUNITY CLINIC

Provider ID: 233532  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690  
 Phone: 619-280-2058  
 After Hours Phone: 619-280-2058  
License Number: A163512  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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.sdfamilycare.org](http://www.sdfamilycare.org)

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690  
 Phone: 619-280-2058  
 After Hours Phone: 619-280-2058

License Number: A61238

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


 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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.sdfamilycare.org](http://www.sdfamilycare.org)

### MID-CITY COMMUNITY CLINIC



Provider ID: 233532  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690  
 Phone: 619-280-2058

 After Hours Phone: 619-280-2058

License Number: A72833

NPI: 1598122871


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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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.sdfamilycare.org](http://www.sdfamilycare.org)


### MID-CITY COMMUNITY CLINIC

Provider ID: 233532  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690  
 Phone: 619-280-2058  
 After Hours Phone: 619-280-2058

License Number: A94449

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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.sdfamilycare.org](http://www.sdfamilycare.org)

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

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

 Phone: 619-280-2058

 After Hours Phone: 619-280-2058

License Number: NP95019446


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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.sdfamilycare.org](http://www.sdfamilycare.org)

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone: 858-810-8700

License Number: 20A12402

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

 Hours: SU 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: A119010

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

 Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

License Number: A137415

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

Hours: SU 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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):

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: C174985

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

 Hours: SU 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: G41532

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes


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

Cultural Competency: No

 Hours: SU 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: G70886

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 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)

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

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525


 After Hours Phone:  
619-515-2525

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 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](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  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

Fax: 619-501-5814

After Hours Phone:  
619-515-2525

License Number: 550002865

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 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 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

 *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*  
*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 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](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: 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](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: 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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## B. Federally Qualified Health Clinics

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



### 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



### 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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: C52451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
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: 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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545


License Number: PT28061

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 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: 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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## B. Federally Qualified Health Clinics

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



### 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



### 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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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

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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

- N**  
 **Accessibility:** CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 **Website:** [www.fhcsd.org](http://www.fhcsd.org)
- SAN DIEGO FAMILY CARE**  
 Provider ID: 482070  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 **Phone:** 858-810-8700  
 **After Hours Phone:** 858-810-8700  
 License Number: NP16433  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 **Site English Spoken:** yes  
 **Site Languages(s) Spoken:** Lithuanian, Vietnamese, Spanish, Chinese  
 Cultural Competency: No  
 **Hours:** SU 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**
- N**  
 **Accessibility:** CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 **Website:** [www.sdfamilycare.org](http://www.sdfamilycare.org)
- LA MAESTRA FAMILY CLINIC INC**  
 Provider ID: 185268  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608
- SAN DIEGO FAMILY CARE**  
 Provider ID: 482070  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 **Phone:** 858-810-8700  
 **After Hours Phone:** 858-810-8700  
 License Number: NP23847  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 **Site English Spoken:** yes  
 **Site Languages(s) Spoken:** Lithuanian, Vietnamese, Spanish, Chinese  
 Cultural Competency: No  
 **Hours:** SU 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**
- N**  
 **Accessibility:** CONTACT PROVIDER  
 Medical Group/IPA: LA MAESTRA FAMILY CLINIC  
 **Website:** [www.lamaestra.org](http://www.lamaestra.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: PA16245  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 **Site English Spoken:** yes
- N**  
 **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  
 American Sign Language (ASL): **N**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

*Cultural Competency: No*

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

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: N/A

### 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

### 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

### 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  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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)

### LOGAN HEIGHTS FAMILY HEALTH 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A146111

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

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  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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: 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### LOGAN HEIGHTS FAMILY HEALTH 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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: 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](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: 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)

### LOGAN HEIGHTS FAMILY HEALTH 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### LOGAN HEIGHTS FAMILY HEALTH 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

### LOGAN HEIGHTS FAMILY HEALTH 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95011313

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: NP95022452

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PT33914

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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


### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

Fax: 619-515-2510

 After Hours Phone:  
619-515-2300


License Number: A178494

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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: 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](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: 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](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: 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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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: 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](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: 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](http://www.fhcsd.org)

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

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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

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

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

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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: 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](http://www.fhcsd.org)

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

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

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

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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: 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](http://www.fhcsd.org)

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

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


*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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A180044

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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

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

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

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: NP95002226

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics

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

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)

### 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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### 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


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


*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)

### 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: 619-515-2560

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A112379

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: A120447

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: A120576

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

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

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

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 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](http://www.ihpsocal.org)

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

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

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

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics


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)

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

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422


License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

 2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422


 After Hours Phone:  
619-515-2422


License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

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

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN

DIEGO

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

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

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### 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  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-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

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

Fax: 619-269-0053

After Hours Phone: 619-515-2422

License Number: 550003113

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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:  
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](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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics



SA 8:30AM-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: 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](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: 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](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: 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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

Accepting New Patients: 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

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)

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363


 4725 MARKET ST


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

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


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

Provider ID: 206363

 4725 MARKET ST

SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

 *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*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-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*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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](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: 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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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](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: 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](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: 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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-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:  
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](http://www.fhcsd.org)

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

 Phone: 619-515-2426

 After Hours Phone:  
619-515-2426


License Number: 20A17577

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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: 20A19345

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

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: 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](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)

### 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### **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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


**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  
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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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-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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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


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

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 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: 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-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](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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics

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)

### NESTOR COMMUNITY HEALTH CENTER




Provider ID: 214492  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 Phone: 619-429-3733  
 After Hours Phone: 619-429-3733  
 License Number: A112781  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish


Cultural Competency: No  
 Hours: SU 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  
 After Hours Phone: 619-429-3733  
 License Number: A165398  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

☎ 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)

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

☎ Phone: 619-428-4463

☎ After Hours Phone:  
619-428-4463

License Number: G71855

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: 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: [www.ihpsocal.org](http://www.ihpsocal.org)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A8204

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A153223

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


SOUTHERN CALIFORNIA

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

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A96919

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

*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):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

Website: N/A

**SAN YSIDRO HEALTH  
 COMMUNITY HEIGHTS FAMILY  
 MED**

Provider ID: 517998

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

License Number: NP95005999





























NPI: 1598122871

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics






<p>SA 9:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: N/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: 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</p>	<p>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><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: 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</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: A115598</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: 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</p>


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics



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  
 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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## B. Federally Qualified Health Clinics

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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
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

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500


License Number: PA54617

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 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


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics








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

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








### LINDA VISTA HEALTH CARE CTR

*Provider ID:* 206046  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 *Phone:* 858-279-0925  
 *After Hours Phone:*  
 858-279-0925  
*License Number:* A119010  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
 Vietnamese, Spanish,  
 Chinese, Lithuanian  
*Cultural Competency:* No  
 *Hours:* SU 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 MARCOS

#### TRUECARE

*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 *Phone:* 760-736-6767  
*Fax:* 760-736-6744  
 *After Hours Phone:*  
 760-736-6767  
*License Number:* NP18788  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767


License Number: 20A15159

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Language(s) Spoken:  
Spanish

Cultural Competency: No

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

American Sign Language (ASL):

N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


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

### TRUECARE

*Provider ID: 625875*

 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973

 *Phone: 760-736-6767*

 *After Hours Phone:  
 760-736-6767*


*License Number: 20A17306*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken:  
 Spanish*

*Cultural Competency: No*

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

### 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*

### 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*

### TRUECARE

*Provider ID: 625875*

 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973

 *Phone: 760-736-6767*


 *After Hours Phone:  
 760-736-6767*

*License Number: A60958*


*NPI: 1598122871*

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

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken:  
 Spanish*

*Cultural Competency: No*

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 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


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

**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


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

WE 9:00AM-5:00PM

TH 9:00AM-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### 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

### 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

### SAN YSIDRO

#### 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 Language(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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.






## B. Federally Qualified Health Clinics

**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  
 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: 20A11153  
 NPI: 1598122871

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A17643

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


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

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: A101827

NPI: 1598122871

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A106103

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## B. Federally Qualified Health Clinics


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

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: A127188

NPI: 1598122871

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A131021

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


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 MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD

SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948


 After Hours Phone:  
619-662-4100

License Number: A82187


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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): 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: 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

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C149818

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

SA 8:30AM-5:00PM  
American Sign Language (ASL):  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948


 After Hours Phone:  
619-662-4100


License Number: A49307


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

### 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


### 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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics







92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A12555  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A111118

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A178949


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A74960


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 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 HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-600-4867

 After Hours Phone:  
619-600-4867

License Number: PA22855


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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

### 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

### 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

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics



TH 8:00AM-5:00PM  
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: 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

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

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**  
 Provider ID: 227469  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:

619-662-4100  
 License Number: A153975  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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: 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](http://www.ihpsocal.org)



**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**  
 Provider ID: 227469  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A32571  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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: A51843  
 NPI: 1598122871

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

<p>MO 8:00AM-5:00PM TU 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.ihpsocal.org">www.ihpsocal.org</a></p>	<p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: DPM2930</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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.ihpsocal.org">www.ihpsocal.org</a></p>	<p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: G66745</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: C42207</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: NP12112</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: NP95003671

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: NP95003721

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

*Cultural Competency: No*

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

*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*

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

*Provider ID: 227469*

 *3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: NP95004315*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
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: NP95017732*


*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: NP95019995*

*NPI: 1598122871*



*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 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 HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100



 After Hours Phone:  
 619-662-4100

License Number: A145008

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics





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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100







License Number: A158364  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 Hours: SU 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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics





 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](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: 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](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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics





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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100







License Number: A66885  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 Hours: SU 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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics


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




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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics





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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100







License Number: A99433  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 Hours: SU 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## B. Federally Qualified Health Clinics


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




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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics





 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  
 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: 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](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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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


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: 619-205-6305


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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER





Provider ID: 206292

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics





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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-6341  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A7241

NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 Hours: SU 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: 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)

## 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







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics

WE 9:00AM-5:00PM  
TH 9:00AM-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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

☎ *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  
N

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

🌐 *Website:* www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

*Provider ID:* 206361  
📍 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
☎ *Phone:* 619-515-2555  
☎ *After Hours Phone:*  
619-515-2555  
*License Number:* A114181  
*NPI:* 1134155377

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

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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

*Provider ID:* 206361  
📍 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

☎ *Phone:* 619-515-2555  
☎ *After Hours Phone:*  
619-515-2555

*License Number:* A148014  
*NPI:* 1134155377

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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## B. Federally Qualified Health Clinics


 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)

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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


 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

### 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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A68463

NPI: 1134155377

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

Accepting New Patients: 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: 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

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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-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

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

### 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  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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

### 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  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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

### 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  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

 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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## B. Federally Qualified Health Clinics

 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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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  
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: 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

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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

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

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

### 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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics






 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  
TH 8:00AM-5:00PM  
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

### 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## B. Federally Qualified Health Clinics

---

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### ALPINE

#### CERTIFIED NURSE PRACTITIONER

##### **KAHL, NICHOLAS**

Provider ID: 517802

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

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

#### CERTIFIED NURSE PRACTITIONER

##### **SANDERS, JESSICA**

Provider ID: 517802

Provider Gender: Female

License Number: NP23004

NPI: 1760765333

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

#### CERTIFIED NURSE PRACTITIONER

##### **TODD, MIKAYLA**

Provider ID: 517802

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

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

Cultural Competency: N

Board Certified Specialty: No

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

#### CHIROPRACTOR

##### **ABDULRAHIM, AHMED**

Provider ID: 517802

Provider Gender: Male

License Number: DC28335

NPI: 1619040292

Provider English Spoken: Y

Provider Language(s)  
Spoken: Burmese

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### CHIROPRACTOR

##### **KELCHNER, MATTHEW**

Provider ID: 517802

Provider Gender: Male

License Number: DC22733

NPI: 1174656755

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory


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







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory




 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: 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 Hours: M-F 8AM-5PM

### PHYSICIANS ASSISTANT

#### **BAISLEY, SHAWN**

Provider ID: 517802


Provider Gender: Male


License Number: PA52347


NPI: 1376936120

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Provider Language(s)*  
*Spoken: Farsi, Spanish*  
*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*  
*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: 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM

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

SA 8AM-2:30PM

---

### **FAMILY PRACTICE**


#### **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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **FAMILY PRACTICE**


#### **CORONADO, MYRNA**

Provider ID: 519686

Provider Gender: Female

License Number: A112627

NPI: 1710147566

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

---

### **FAMILY PRACTICE**


#### **KAUFHOLD, ANNE**


Provider ID: 519686

Provider Gender: Female

License Number: A88893

NPI: 1164508073

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS

RD

CAMPO, CA 91906

 Phone: (619) 445-6200

 After Hours Phone: (619)  
445-6200

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

---

### **FAMILY PRACTICE**

#### **MCINTYRE, RYAN**

Provider ID: 519686

Provider Gender: Male

License Number: A133029

NPI: 1164776555

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


GROSSMONT HOSPITAL

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

#### **ORTIZ, KENNETH**

*Provider ID: 519686*

*Provider Gender: Male*

*License Number: A156607*

*NPI: 1356761571*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL*

*Board Certified Specialty: No*

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 *Phone: (619) 662-4100*


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

 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

#### **ROGERS, MATTHEW**

*Provider ID: 530207*

*Provider Gender: Male*

*NPI: 1639606130*

 *Provider English Spoken: Y*


 *Provider Language(s)*

*Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 *Phone: (619) 662-4100*

*Fax: (619) 824-9071*

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


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

---

### **FAMILY PRACTICE**

---


#### **ROGERS, MATTHEW**

*Provider ID: 519686*

*Provider Gender: Male*

*License Number: 20A18400*

*NPI: 1639606130*

 *Provider English Spoken: Y*

 *Provider Language(s)*


*Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 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**

---

#### **SAIDRO, LUZVIMINDA**

*Provider ID: 519686*

*Provider Gender: Female*

*License Number: A93746*

*NPI: 1750364386*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: UC DAVIS MEDICAL CTR*

*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*

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

---

### **FQHC**

---

#### **SAN YSIDRO HEALTH**

#### **MOUNTAIN HEALTH FAMILY**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


### MEDICINE,

Provider ID: 519686

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## C. Primary Care Directory

 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

---

### FQHC

#### **TRUECARE,**

Provider ID: 480120  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N  
 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

### PEDIATRICS

#### MUTH, NATALIE

Provider ID: 328451

Provider Gender: Female

NPI: 1497982888

 Provider English Spoken: Y  
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

### PEDIATRICS

#### O'CONNOR, ERICA


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

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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 480120

N

 Accessibility: CONTACT PROVIDER

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

### **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):

N

 Accessibility: CONTACT PROVIDER

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

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 480120


Provider Gender: Female


License Number: PA53036


NPI: 1922471192

 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):

 Accessibility: CONTACT PROVIDER

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

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 480120


Provider Gender: Female


License Number: PA53036

NPI: 1922471192

 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):

 Accessibility: CONTACT PROVIDER

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

## **CHULA VISTA**

### **CERTIFIED NURSE PRACTITIONER**

#### **CHAPIN, DENISE**

Provider ID: 206355

Provider Gender: Female


License Number: NP23687


NPI: 1952737033

 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):

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

<p><b><u>PRACTITIONER</u></b></p> <p><b>FERNANDEZ LEYVA, JUAN</b>  <i>Provider ID: 206355</i>  <i>Provider Gender: Male</i>  <i>License Number: NP95001964</i>  <i>NPI: 1194115568</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> 251 LANDIS AVE            CHULA VISTA, CA 91910  <i>Phone: (619) 515-2500</i>  <i>After Hours Phone: (619) 515-2500</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>SCRIPPS MERCY HOSPITAL</i>  <i>CHULA VISTA</i>  <i>Board Certified Specialty: No</i></p> <p> 678 3RD AVE            CHULA VISTA, CA 91910  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/chula-vista-medical-plaza</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>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>IBARRA, MARTHA</b>  <i>Provider ID: 427322</i>  <i>Provider Gender: Female</i>  <i>License Number: NP12112</i>  <i>NPI: 1114957289</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,</i></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>LEONARD, BEVERLY</b>  <i>Provider ID: 206355</i>  <i>Provider Gender: Female</i>  <i>License Number: NP10943</i>  <i>NPI: 1285772392</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> 251 LANDIS AVE            CHULA VISTA, CA 91910  <i>Phone: (619) 515-2500</i>  <i>After Hours Phone: (619) 515-2500</i>  <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>OWEN, MICHAEL</b>  <i>Provider ID: 206355</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95001492</i>  <i>NPI: 1073869145</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> 251 LANDIS AVE            CHULA VISTA, CA 91910  <i>Phone: (619) 515-2500</i>  <i>After Hours Phone: (619) 515-2500</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><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>QUILALANG, SUSAN</b>  <i>Provider ID: 427322</i>  <i>Provider Gender: Female</i>  <i>License Number: NP5579</i>  <i>NPI: 1841200482</i></p>


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory


 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

---

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory



 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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

8:30AM-5:30PM

### **CHIROPRACTOR**

#### **KAZEM, HARON**

Provider ID: 427322

Provider Gender: Male

License Number: DC33295

NPI: 1306221262

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, 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

### **CHIROPRACTOR**

#### **PLANTE, CHARLES**

Provider ID: 427322

Provider Gender: Male

License Number: DC31963

NPI: 1760464960

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **REYNOSO, ALFONSO**

Provider ID: 427322

Provider Gender: Male

License Number: DC20760

NPI: 1285921627

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

#### **CARRILLO, MARITZA**

Provider ID: 427322

Provider Gender: Female

License Number: A163183

NPI: 1649628587

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

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

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

#### **CRUZ, MICHAEL**

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## C. Primary Care Directory


 Provider English Spoken: Y  
 Provider Language(s)  
 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-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

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

/clinics/chula-vista-medical-plaza  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### FAMILY PRACTICE

#### ALANIZ, MATEO

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A124388  
 NPI: 1700175577  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### FAMILY PRACTICE

#### AMANAT, SOROOSH

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A153022  
 NPI: 1003279621  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Board Certified Specialty: No  
 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  
 8:30AM-5:30PM  
 SA 8AM-2:30PM

### FAMILY PRACTICE

#### ARCE GOMEZ, LAURA

Provider ID: 427322

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Provider Gender: Female  
 License Number: A123604  
 NPI: 1053532986  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: CHULA  
 VISTA COMM HOSP  
 Board Certified Specialty: No  
 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

**ELSAIED, MOHAMMED**  
 Provider ID: 19561  
 Provider Gender: Male  
 NPI: 1821033424  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, German,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL,  
 PARADISE VALLEY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 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



**ELSAIED, MOHAMMED**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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**

#### **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-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):

### **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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER


### **FAMILY PRACTICE**

#### **JIMENEZ, KRISTAL**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A159831  
 NPI: 1922531250  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<p><b>FAMILY PRACTICE</b></p> <p><b>LACH, REBECCA</b>            Provider ID: 427322            Provider Gender: Female            License Number: A177922            NPI: 1679137780</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> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>Hospital Affiliation: CHULA VISTA COMM HOSP</p> <p>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></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>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>LAW, KAREN</b>            Provider ID: 427322            Provider Gender: Female            License Number: A138534            NPI: 1205253150</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>MCKENNETT, MARIANNE</b>            Provider ID: 427322            Provider Gender: Female            License Number: G57243            NPI: 1376639666</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL            Board Certified Specialty: No</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>MENON, POOJA</b>            Provider ID: 427322            Provider Gender: Female            License Number: A123263            NPI: 1053600064</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            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></p> <p>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>MERRILL, SARAH</b>            Provider ID: 427322</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Provider Gender: Female

License Number: A123492

NPI: 1225399512

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Board Certified Specialty: No

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, 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**

#### **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/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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### **PALOMINO, MARY**

Provider ID: 427322

Provider Gender: Female

License Number: A115699

NPI: 1770718975

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

**FAMILY PRACTICE**

**PINA, RAQUEL**  
 Provider ID: 206355  
 Provider Gender: Female  
 License Number: A177698  
 NPI: 1255893368

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## C. Primary Care Directory

*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*  
 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**




#### **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- 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**






#### **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- medic*  
*al- plaza*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER


### **FAMILY PRACTICE**

#### **TEE, ALEXANDRA**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: A164392*  
*NPI: 1881198406*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL, UCSD*  
*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 Hours: M-F 8AM-5PM

---

### **FAMILY PRACTICE**


#### **TOLEDO-NADER, CAROLL**

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 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**


#### **TREJO, RAUL**

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 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**


#### **VELASQUEZ, SHARON**

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### **FAMILY PRACTICE**

#### **WHITLEY, NICHOLAS**

Provider ID: 427322

Provider Gender: Male

License Number: A118250

NPI: 1629394721

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL): N  
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

N

 Accessibility: CONTACT PROVIDER

### FQHC


#### **CHULA VISTA FAMILY HLTH CTR,**

Provider ID: 206355

NPI: 1346480837

 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

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## C. Primary Care Directory



*al- plaza*  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### 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):  
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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## C. Primary Care Directory

 *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

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

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0\None

*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**


*Provider ID:* 206355

*Provider Gender:* Female

*License Number:* A72005

*NPI:* 1649208711

 *Provider English Spoken:* Y

 *Provider Language(s)*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## C. Primary Care Directory

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

### 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-medic](http://www.syhealth.org/clinics/chula-vista-medic)

al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### 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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## C. Primary Care Directory

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

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

---

### 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

---

### PEDIATRICS

#### FLORES, ERNEST

Provider ID: 658652

Provider Gender: Male

NPI: 1043848807



 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory





 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: 482034

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### GHAHREMANI, SIMIN

Provider ID: 634787

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

#### 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

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](http://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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

#### MCMAHON, SHARON

Provider ID: 648721

Provider Gender: Female

NPI: 1487279246

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

865 THIRD 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

---

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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

 *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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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)*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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-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


### **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-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

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### PODIATRIST

#### MANCHEL, BRUCE

Provider ID: 427322

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

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

### PODIATRIST

#### SCHNEIDER, SARAH

Provider ID: 206355

Provider Gender: Female

License Number: DPM4819

NPI: 1326282237

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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

#### AMAYA, RICARDO

Provider ID: 206355

Provider Gender: Male

License Number: PT37189

NPI: 1437445566

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

#### CUMMINGS, GEORGE

Provider ID: 206355

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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

#### GEORGE, JENNIFER

Provider ID: 206355

Provider Gender: Female

License Number: PT294245

NPI: 1215402177

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish






Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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: 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**

---








**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**

---

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

### 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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, 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 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 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---


### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

#### GHAFFARI, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


Medi-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


---

### 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


---

### 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

---


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## C. Primary Care Directory







 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

---

### FQHC

#### 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)  
 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)  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

---

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### INTERNAL MEDICINE

---



#### DUONG, MAI

Provider ID: 418340

Provider Gender: Female

License Number: A127798


NPI: 1629339304


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498


 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

---

### INTERNAL MEDICINE

---



#### GORGES, RANDA

Provider ID: 418340

Provider Gender: Female

License Number: A138815


NPI: 1285079509


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

---

### INTERNAL MEDICINE

---

#### JABRI, ZAIN

Provider ID: 418501

Provider Gender: Male

License Number: A160760

NPI: 1891159620

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: ST AGNES  
MEDICAL CENTER, CITY OF

HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory



 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4PM

### INTERNAL MEDICINE


#### ROUEL, WADI


Provider ID: 185267

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Arabic, 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.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-TU 8AM-5PM  
 TH-F 8AM-5PM


### INTERNAL MEDICINE


#### ROUEL, LINDA

Provider ID: 308485

Provider Gender: Female

NPI: 1326128950

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Arabic, 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: 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.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

#### SHEIKH-MOHAMED, HALA

Provider ID: 569910

Provider Gender: Female


License Number: A159247



NPI: 1972946770

 Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## C. Primary Care Directory


 *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](http://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](http://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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERVENTIONAL CARDIOLOGY

#### **MOUSSAVIAN, MEHRAN**

Provider ID: 418340  
Provider Gender: Male  
License Number: 20A7241

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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)  
873-8940

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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  
EL CAJON, CA 92020

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.




## C. Primary Care Directory

 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)  
Medi-Cal Open Panel: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

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](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**


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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

Provider ID: 569910

Provider Gender: Male

License Number: A47906

NPI: 1437181922



 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory






*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](http://www.syhealth.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**



#### **PAPA, RHETT**

*Provider ID: 478971*  
*Provider Gender: Male*  
*License Number: 20A11733*  
*NPI: 1063642312*  
 *Provider English Spoken: Y*  
*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](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: 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](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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y  
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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


### OPHTHALMOLOGY


#### **MANI, NASRIN**

*Provider ID: 569910*

*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*


*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*

*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  
CENTRO REGIONAL MEDICAL*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## C. Primary Care Directory


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)






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

### 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)  
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

### 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)  
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

### 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)  
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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

**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

---

**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

---

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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**

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **CARNEY, AMY**

*Provider ID: 206271*

*Provider Gender: Female*

*License Number: NP8169*

*NPI: 1164445227*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### CHIROPRACTOR

#### ROBINSON, DEAN

Provider ID: 206270

Provider Gender: Male

License Number: DC12036

NPI: 1851320337

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST

ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760) 520-8100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### CHIROPRACTOR

#### ZECHA, RONALD

Provider ID: 206270

Provider Gender: Male

License Number: DC28605

NPI: 1427252121

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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

#### ARRIETA, NOEMI

Provider ID: 588941

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### AVILA, MICHAEL

Provider ID: 206270

Provider Gender: Male

License Number: A159727

NPI: 1962936450

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---


 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**



---


#### **CASTANER, ZALYA**

Provider ID: 206270  
Provider Gender: Female  
License Number: A139490  
NPI: 1487072179  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

---

### **FAMILY PRACTICE**

---



#### **COBIAN, VANESSA**

Provider ID: 206271  
Provider Gender: Female  
License Number: A145349  
NPI: 1134513039

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## C. Primary Care Directory

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](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**


#### **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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

Provider ID: 206271  
Provider Gender: Male  
License Number: A94128  
NPI: 1902921406  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## C. Primary Care Directory



<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>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory



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: 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

#### 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

#### 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)



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory








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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 624122

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

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

### CERTIFIED NURSE PRACTITIONER

#### **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

### CERTIFIED NURSE PRACTITIONER

#### **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

### CERTIFIED NURSE PRACTITIONER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### **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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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*


*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*


*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*


*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory


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](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**

#### **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](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**


#### **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](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

### **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](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

### **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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---





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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

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**

---

**AQUINO, FELINO**

Provider ID: 418302

Provider Gender: Male

License Number: NP22974

NPI: 1356684781


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 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): **LIM, IMELDA**

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**DHARKAR SURBER, SAPNA**

Provider ID: 185270

Provider Gender: Female

License Number: NP95013257

NPI: 1538707765

 Provider English Spoken: Y

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**


---


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory


 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

---

### 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

---

### 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## C. Primary Care Directory



434-7308  
 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

---

**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)  
 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

---

**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)  
 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

---

**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)  
 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

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory








 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM*

---

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<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>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## C. Primary Care Directory

 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### INTERNAL MEDICINE

---


#### LAMANTIA, MICHELE

Provider ID: 227412

Provider Gender: Female

License Number: G71855

NPI: 1124176102


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 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

---

### 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](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

---

### 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](http://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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.







## C. Primary Care Directory



 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, 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**






#### **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**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Hospital Affiliation: RADY  
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





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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


 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory



 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU-SA 8AM-5PM*

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**


*Provider ID: 185270*  
*Provider Gender: Male*  
*License Number: PA13694*  
*NPI: 1346382611*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 434-7308*  
 *After Hours Phone: (619) 434-7308*  
 *Website: www.lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **BANGS, SASHA**


*Provider ID: 418930*  
*Provider Gender: Female*  
*License Number: PA55660*  
*NPI: 1720524374*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*





 1000 EUCLID AVE  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 515-2399*  
 *After Hours Phone: (619) 515-2399*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **MARTINEZ MURGUIA, IRENE**

*Provider ID: 185270*  
*Provider Gender: Female*  
*License Number: PA20296*  
*NPI: 1447492889*  
 *Provider English Spoken: Y*  
*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*  
*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*  
*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 9AM-4PM*

---

### **CERTIFIED NURSE PRACTITIONER**

---


#### **HALGEDAHL, YI**

*Provider ID: 206341*

*Provider Gender: Female*

*License Number: NP95006826*

*NPI: 1619246907*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Mandarin*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *4700 N RIVER RD*

*OCEANSIDE, CA 92057*

 *Phone: (844) 308-5003*

 *After Hours Phone: (844)  
308-5003*


 *Website: www.vistacommunityclinic.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 9AM-4PM*

---

### **CERTIFIED NURSE PRACTITIONER**

---


#### **HALGEDAHL, YI**

*Provider ID: 206341*

*Provider Gender: Female*

*License Number: NP95006826*

*NPI: 1619246907*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Mandarin*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *4700 N RIVER RD*

*OCEANSIDE, CA 92057*

 *Phone: (844) 308-5003*

 *After Hours Phone: (844)  
308-5003*

 *Website: www.vistacommunityclinic.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 9AM-4PM*

---

### **CERTIFIED NURSE PRACTITIONER**

---


#### **HALGEDAHL, YI**

*Provider ID: 206341*

*Provider Gender: Female*

*License Number: NP95006826*

*NPI: 1619246907*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Mandarin*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *4700 N RIVER RD*

*OCEANSIDE, CA 92057*

 *Phone: (844) 308-5003*

 *After Hours Phone: (844)  
308-5003*

 *Website: www.vistacommunityclinic.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*


*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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.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

---

### 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.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

---

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### FAMILY PRACTICE

---

**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.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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

#### PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 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

### FAMILY PRACTICE

#### PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 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

### FAMILY PRACTICE

#### PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory


 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

### 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.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


#### **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.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

#### **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.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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## C. Primary Care Directory

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: 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,**  
 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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

 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: 402434

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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: 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*

### 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

Min/Max Age: 0\None

American Sign Language (ASL): N

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

N

 Accessibility: CONTACT PROVIDER

---

### PEDIATRICS


---


#### 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

---

### 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

---

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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: 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

---

#### DANIELS, SARAH

Provider ID: 433806

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  
OCEANSIDE, CA 92054







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.




## C. Primary Care Directory








 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) 631-5000

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

### CERTIFIED NURSE PRACTITIONER

**AQUINO, FELINO**

Provider ID: 418535

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

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

N

Accessibility: CONTACT  
 PROVIDER

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

W 10AM-7PM

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

### CERTIFIED NURSE PRACTITIONER

**ARTS, SERENA**

Provider ID: 403583

Provider Gender: Female

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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  
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  
8:30AM-5:30PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

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-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  
♿ 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

📍 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

---

**CERTIFIED NURSE  
PRACTITIONER**

---

**CELESTIN-RAMSEY, AKANKE**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: NP8563*


*NPI: 1447450275*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

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

 *Website: www.syhealth.org  
/clinics/king-chavez-health-  
center*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

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

---

**CERTIFIED NURSE  
PRACTITIONER**

---


**CHASE, AVA LOU**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: NP95000602*

*NPI: 1164496386*


 *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**

---

**DHARKAR SURBER, SAPNA**

*Provider ID: 185268*

*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*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105



*Phone: (619) 255-9155*



*After Hours Phone: (619)  
255-9155*



*Website: www.lamaestra.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-6PM  
SA 8AM-2PM*

---

**CERTIFIED NURSE  
PRACTITIONER**

---

**DO, ELAINE**

*Provider ID: 233532*

*Provider Gender: Female*


*License Number: NP95019446*

*NPI: 1215696307*


 *Provider English Spoken: Y*  
*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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM SA 8AM-2PM</i></p>	<p><i>NPI: 1134686744</i>   <i>Provider English Spoken: Y</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):</i></p>	<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<hr/>		
<p><b>GARCIA, JOHNNY</b>  <i>Provider ID: 206363</i>  <i>Provider Gender: Male</i>  <i>License Number: NP95007000</i>  <i>NPI: 1932622156</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i></p>	<p><i>Board Certified Specialty: No</i>   4725 MARKET ST            SAN DIEGO, CA 92102   <i>Phone: (619) 515-2560</i>   <i>After Hours Phone: (619) 515-2560</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b>  <b>HA, THU</b>  <i>Provider ID: 206046</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95010517</i>  <i>NPI: 1346443983</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></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<hr/>		
<p><b>GOLDFINGER, SARAH</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95011313</i></p>	<p><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></p>	<p> 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):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<hr/>		
<p><b>GOLDFINGER, SARAH</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95011313</i></p>	<p><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></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b>  <b>HA, THU</b>  <i>Provider ID: 482070</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95010517</i></p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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](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

---

### 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

---

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

---

**CERTIFIED NURSE  
PRACTITIONER**

---


**INSTONE, SUSAN**

*Provider ID: 233532*

*Provider Gender: Female*

*License Number: NP4858*

*NPI: 1710223268*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Board Certified Specialty: No*

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 *Phone: (619) 280-2058*

 *After Hours Phone: (619)  
280-2058*


 *Website: www.sdfamilycare  
.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\22*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

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

---

**CERTIFIED NURSE  
PRACTITIONER**

---


**JOHNSON, SHAWNA AKIKO**

*Provider ID: 233597*

*Provider Gender: Female*

*License Number: NP95002518*

*NPI: 1922237809*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4290 POLK AVE

SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

 *After Hours Phone: (619)  
563-0250*

 *Website: www.sdfamilycare  
.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

---

**CERTIFIED NURSE  
PRACTITIONER**

---


**KEMP, KATHRINE**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: NP95018497*

*NPI: 1316615313*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*

 *After Hours Phone: (619)  
233-8500*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

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

---

**CERTIFIED NURSE  
PRACTITIONER**

---

**KHAN, MATTHEW**

*Provider ID: 417987*

*Provider Gender: Male*

*License Number: NP17838*

*NPI: 1942456124*


 *Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4874 POLK AVE

SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*

 *After Hours Phone: (619)  
515-2426*

 *Website: www.fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### CERTIFIED NURSE PRACTITIONER

#### KI, TRISH

Provider ID: 206046

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### KI, TRISH

Provider ID: 206046

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### KI, TRISH

Provider ID: 482070

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### KLOBERDANZ, KELSEY

Provider ID: 417937

Provider Gender: Female

License Number: NP95005293

NPI: 1235672502

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

### CERTIFIED NURSE PRACTITIONER

#### LENNON, RYAN

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

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**

---

**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

---



**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

---

**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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## C. Primary Care Directory

 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: NP9500205  
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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory






 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**

---

**ODA, THAGHAR**  
Provider ID: 206363  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No






 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**

---




**ODA, THAGHAR**  
Provider ID: 206363  
Provider Gender: Female  
License Number: NP9500205  
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**

---





**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**OWEN, MICHAEL**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: NP95001492*

*NPI: 1073869145*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 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**

---

**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*

---

### **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**


*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**

*Provider ID: 482070*

*Provider Gender: Male*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **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](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**

---

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

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

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **REID, EMILY**

Provider ID: 185268

Provider Gender: Female

License Number: NP95002766

NPI: 1083081467

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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):

Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE**

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### PRACTITIONER

#### **ROGERS, TANYA**

Provider ID: 417987

Provider Gender: Female

License Number: NP95004443

NPI: 1558710038

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4874 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619) 515-2426

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

#### **SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858) 279-0925

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M 8AM-5PM

TU 8AM-8PM

W-F 8AM-5PM

SA 9AM-1PM

### CERTIFIED NURSE

### PRACTITIONER

#### **SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858) 279-0925

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M 8AM-5PM

TU 8AM-8PM

W-F 8AM-5PM

SA 9AM-1PM

### CERTIFIED NURSE

### PRACTITIONER

#### **SABIN, NANCY**

Provider ID: 482070

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858) 810-8700

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

TU 8:30AM-9PM

W-F 8:30AM-5:30PM






























SA 9AM-4PM

### CERTIFIED NURSE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

<b>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	 6973 LINDA VISTA RD SAN DIEGO, CA 92111  Phone: (858) 279-0925  After Hours Phone: (858) 279-0925  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM
 7011 LINDA VISTA RD SAN DIEGO, CA 92111  Phone: (858) 810-8700  After Hours Phone: (858) 810-8700  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM	<b>CERTIFIED NURSE PRACTITIONER</b> <b>SATTERWHITE, MAURINE</b> Provider ID: 206046 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  6973 LINDA VISTA RD SAN DIEGO, CA 92111  Phone: (858) 279-0925  After Hours Phone: (858) 279-0925  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM
<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: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM	<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: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### CERTIFIED NURSE PRACTITIONER


#### **SATTERWHITE, MAURINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

### CERTIFIED NURSE PRACTITIONER


#### **SATTERWHITE, MAURINE**

Provider ID: 482070

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700


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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **SAVILLE, EDITH**

Provider ID: 417937

Provider Gender: Female

License Number: NP7374


NPI: 1730567678


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

#### **SEAMAN, MARY**

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER



#### **SEBRING, JAN**

Provider ID: 206360






Provider Gender: Female

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

### CERTIFIED NURSE PRACTITIONER

---

#### **TUEROS, VICTORIA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: NP2286*

*NPI: 1598989261*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 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)*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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: 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): N  
 Accessibility: CONTACT PROVIDER

### 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/> <p><b>WILLIAMS, BREAUNA</b></p> <p><i>Provider ID: 185268</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95001840</i></p> <p><i>NPI: 1063884864</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105</p> <p> <i>Phone: (619) 255-9155</i></p> <p> <i>After Hours Phone: (619) 255-9155</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>g</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-6PM SA 8AM-2PM</i></p> <hr/> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/> <p><b>WOLF, CELIA</b></p> <p><i>Provider ID: 417937</i></p> <p><i>Provider Gender: Female</i></p>	<p><i>License Number: NP95001899</i></p> <p><i>NPI: 1245635564</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103</p> <p> <i>Phone: (619) 515-2545</i></p> <p> <i>After Hours Phone: (619) 515-2545</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <hr/> <p><b>BOSTON, LAURA</b></p> <p><i>Provider ID: 206360</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NM792</i></p> <p><i>NPI: 1174553259</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113</p> <p> <i>Phone: (619) 515-2300</i></p> <p> <i>After Hours Phone: (619) 515-2300</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p>	<p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <hr/> <p><b>GEPSTEIN, YANA</b></p> <p><i>Provider ID: 402851</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NM1662</i></p> <p><i>NPI: 1396956512</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Hebrew</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 3705 MISSION BLVD SAN DIEGO, CA 92109</p> <p> <i>Phone: (619) 515-2444</i></p> <p> <i>After Hours Phone: (619) 515-2444</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>CHIROPRACTOR</u></b></p> <hr/> <p><b>ASSADIAN, MEHRAK</b></p> <p><i>Provider ID: 451167</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: DC27523</i></p> <p><i>NPI: 1295278281</i></p> <p> <i>Provider English Spoken: Y</i></p>
--	--	--




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

 *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: 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.operationsamahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM*

### **CHIROPRACTOR**

#### **CABALLERO, JAMES**

*Provider ID: 417101*  
*Provider Gender: Male*  
*License Number: DC27726*  
*NPI: 1093991549*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsamahan.org*









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

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-4:30PM*

### **CHIROPRACTOR**




#### **GILIBERTO, JOSEPH**

*Provider ID: 418535*  
*Provider Gender: Male*

*License Number: DC15775*  
*NPI: 1821463159*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsamahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM*




### **CHIROPRACTOR**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **AHMAD, AAKIF**

Provider ID: 206360

Provider Gender: Male

License Number: 20A12732


NPI: 1720308331


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY


### METABOLISM DIABETES

#### **NAGELBERG, JODI**

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

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

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


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: 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**

#### **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**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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  
MEDICAL CTR, UCSD LA

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

---

### **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

---

### **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**

---

#### **CORMAN, DANIEL**

Provider ID: 402851



Provider Gender: Male

License Number: 20A13060

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

---


### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 418142

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)  
515-2454

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 451167

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

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**

#### **KAUFHOLD, ANNE**

Provider ID: 227409

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y


Provider Language(s)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

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: 417937

Provider Gender: Female

License Number: A177922

NPI: 1679137780

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

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


---


#### LACH, REBECCA

Provider ID: 206362  
Provider Gender: Female  
License Number: A177922  
NPI: 1679137780

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 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

---

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

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

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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**

### 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**

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory







 *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: 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**

#### **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**


#### **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*

---



### **FAMILY PRACTICE**

#### **POSADA, SEAN**

*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: A180171*  
*NPI: 1295100691*  
 *Provider English Spoken: Y*







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 *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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><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>   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></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>ROSADO, IVAN</b>  <i>Provider ID: 517403</i>  <i>Provider Gender: Male</i></p>	<p><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>   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></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><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></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-6PM SA 8AM-2PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><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>  <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: <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></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><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></p>
---	--	--

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Cultural Competency: N  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### FAMILY PRACTICE

#### SHEIKH, ZARA

Provider ID: 233597

Provider Gender: Female

License Number: A163512

NPI: 1952808727

Provider English Spoken: Y

Provider Language(s)  
Spoken: Urdu

Cultural Competency: N

Board Certified Specialty: No

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

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































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><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):</i></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):</i></p>
<hr/>		
<b>FAMILY PRACTICE</b>		
<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>   <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>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 9AM-5PM</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>
<hr/>		
<b>FAMILY PRACTICE</b>		
<hr/>		
<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):</i></p>	<p><b>SNYDER, CHRISTOPHER</b>  <i>Provider ID: 517998</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A7502</i>  <i>NPI: 1922041235</i>   <i>Provider English Spoken: Y</i>   <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>   4690 EL CAJON BLVD            SAN DIEGO, CA 92115</p>	<p><b>SOPHY, ELIZABETH</b>  <i>Provider ID: 403583</i>  <i>Provider Gender: Female</i>  <i>License Number: A157547</i>  <i>NPI: 1013441203</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>   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):</i></p>
<p><b>SMOOT, CHARLES</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Male</i>  <i>License Number: A97036</i>  <i>NPI: 1245490358</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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: 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**

#### **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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

<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>
<hr/>		
<b><u>FAMILY PRACTICE</u></b>		
<hr/>		
<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>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><hr/><b><u>FAMILY PRACTICE</u></b><hr/></p>
<p><i>Board Certified Specialty: No</i>   4725 MARKET ST            SAN DIEGO, CA 92102   <i>Phone: (619) 515-2560</i>   <i>After Hours Phone: (619) 515-2560</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><hr/><b><u>FAMILY PRACTICE</u></b><hr/></p>	<p><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>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</i>  <i>Board Certified Specialty: No</i>   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>
<hr/>		
<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><i>Board Certified Specialty: No</i>   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><hr/><b><u>FAMILY PRACTICE</u></b><hr/></p>
<hr/>		
<b>WU, JENNIFER</b> <i>Provider ID: 403583</i>		

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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](http://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.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

### FQHC

#### **DIAMOND NEIGHBORHOODS**

#### **FAMILY HLTH CTRS INC,**

Provider ID: 206363

NPI: 1982747671

Provider English Spoken: Y  
Cultural Competency: N

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## C. Primary Care Directory

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

---

### FQHC


#### FAMILY HLTH CTR 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](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

---

### 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](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

---

### 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-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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Fax: (619) 795-9849

 After Hours Phone: (619) 280-4213


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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### FQHC


#### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046

NPI: 1609905215

 Provider English Spoken: Y  
Cultural Competency: N

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925


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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

---

### FQHC


#### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046


NPI: 1780665877

 Provider English Spoken: Y  
Cultural Competency: N

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

---

### FQHC


#### LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 206360

NPI: 1447281936


 Provider English Spoken: Y  
Cultural Competency: N

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

Fax: (619) 234-2447

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### FQHC


#### LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 624977

NPI: 1447281936


 Provider English Spoken: Y  
Cultural Competency: N

 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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: 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

#### 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

#### OPERATION SAMAHAN - MIRA MESA,

Provider ID: 432308


NPI: 1861933897

Provider English Spoken: Y  
Cultural Competency: N


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<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>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

### 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### GASTROENTEROLOGY

### 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### GENERAL PRACTICE


### BELLO, OSAGIE

Provider ID: 417101

Provider Gender: Male

License Number: A115182


NPI: 1164726378

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
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](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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

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

---

### **GENERAL PRACTICE**

---

#### **DOAN STEPHENS, CRYSTAL**

*Provider ID: 233532*

*Provider Gender: Female*


*License Number: A152267*


*NPI: 1730570144*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105

 *Phone: (619) 280-2058*

 *After Hours Phone: (619) 280-2058*

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

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\22*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **GENERAL PRACTICE**


---

#### **RECALDE, FRANCISCO**

*Provider ID: 13850*

*Provider Gender: Male*

*NPI: 1538309067*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

MERCY HOSPITAL

*Board Certified Specialty: No*

 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*

---

### **GENERAL PRACTICE**


---

#### **RECALDE, FRANCISCO**

*Provider ID: 13850*

*Provider Gender: Male*

*NPI: 1538309067*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

MERCY HOSPITAL

*Board Certified Specialty: No*

 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*

---

### **HEPATOLOGY**

---

#### **GISH, ROBERT**

*Provider ID: 185268*

*Provider Gender: Male*

*License Number: G45632*

*NPI: 1548281322*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese*


*Cultural Competency: N*


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

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **INTERNAL MEDICINE**

---

#### **ALASSIL, SALLY**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

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

---

#### ALASSIL, SALLY

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483

Provider English Spoken: Y


Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 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

---

#### 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

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](http://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](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

---


#### 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](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

---


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### INTERNAL MEDICINE

---


#### FABELLA, GABRIEL

Provider ID: 9774

Provider Gender: Male


NPI: 1124060827

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese, Spanish,  
Tagalog


Cultural Competency: N

Board Certified Specialty: No


 10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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: 206046

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

### INTERNAL MEDICINE

**NARANJO, RODRIGO**  
 Provider ID: 482070  
 Provider Gender: Male  
 License Number: A119010  
 NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700  
 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

**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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### RAMERS, CHRISTIAN

Provider ID: 417937

Provider Gender: Male

License Number: A119631

NPI: 1730381385

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### 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.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

### 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](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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### INTERNAL MEDICINE


#### SMILDE, RENEE


Provider ID: 417937

Provider Gender: Female

License Number: A70175

NPI: 1427010594

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Dutch

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### INTERNAL MEDICINE


#### URIBE-BRUCE, LILIANA

Provider ID: 206360

Provider Gender: Female

License Number: C55724

NPI: 1689010324

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 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


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

---

### INTERNAL MEDICINE

#### VIDAURAZAGA, MONICA


Provider ID: 417937

Provider Gender: Female

License Number: A169207


NPI: 1346628310

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No


 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 After Hours Phone: (619) 515-2545

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### WASTILA, LISA


Provider ID: 403583

Provider Gender: Female

License Number: A60801

NPI: 1043375231

 Provider English Spoken: Y

 Provider Language(s) Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### WATTANAMANO, PORNTHEP


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516

 Provider English Spoken: Y


 Provider Language(s) Spoken: Thai


Cultural Competency: N


Board Certified Specialty: No

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-5:30PM

### INTERNAL MEDICINE


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-5:30PM

### INTERNAL MEDICINE

#### WATTS, ELI

Provider ID: 451167

Provider Gender: Male

License Number: A79383

NPI: 1649373739

 Provider English Spoken: Y

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](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

Min/Max Age: 0\18

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

---

### **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

Min/Max Age: 0\None

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### **OBSTETRICS / GYNECOLOGY**



#### **BUECHNER, CHARLENE**

Provider ID: 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **BUECHNER, CHARLENE**

Provider ID: 206362

Provider Gender: Female

License Number: A68463

NPI: 1376663831


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,


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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **BUECHNER, CHARLENE**

Provider ID: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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**

**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

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: 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**

**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  
PROVIDER

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

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 416831


Provider Gender: Male

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


**CARTER, KHALIL**


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-7PM

TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**


**CARTER, KHALIL**

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W 8:30AM-5PM  
TH 9:30AM-6PM

### **OBSTETRICS / GYNECOLOGY**

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT









Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

### **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](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-5:30PM  
 F 8AM-5PM

### **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](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**



#### **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  
 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**

#### **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,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

**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: 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**

#### **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**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

*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*  
 *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**

#### **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**

#### **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  
 *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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b>  <b>DE MIK, TRAVIS</b>  <i>Provider ID: 206363</i>  <i>Provider Gender: Male</i>  <i>License Number: A108228</i>  <i>NPI: 1629277322</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   4725 MARKET ST  SAN DIEGO, CA 92102   <i>Phone: (619) 515-2560</i>   <i>After Hours Phone: (619) 515-2560</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>  N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b>  <b>DORUELO, ASHLEY</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Female</i>  <i>License Number: A178499</i>  <i>NPI: 1033613732</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS</i></p>	<p><i>MERCY HOSPITAL, Sharp Grossmont Hospital</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):</i>  N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b>  <b>DORUELO, ASHLEY</b>  <i>Provider ID: 416831</i>  <i>Provider Gender: Female</i>  <i>License Number: A178499</i>  <i>NPI: 1033613732</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS</i>  <i>MERCY HOSPITAL, Sharp Grossmont Hospital</i>  <i>Board Certified Specialty: No</i>   3514 30TH ST  SAN DIEGO, CA 92104   <i>Phone: (619) 515-2424</i>   <i>After Hours Phone: (619) 515-2424</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i></p>	<p><i>Min/Max Age: 0\18</i>  <i>American Sign Language (ASL):</i>  N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b>  <b>DORUELO, ASHLEY</b>  <i>Provider ID: 402851</i>  <i>Provider Gender: Female</i>  <i>License Number: A178499</i>  <i>NPI: 1033613732</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS</i>  <i>MERCY HOSPITAL, Sharp Grossmont Hospital</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>OBSTETRICS / GYNECOLOGY</u></b>  <b>DORUELO, ASHLEY</b>  <i>Provider ID: 206363</i>  <i>Provider Gender: Female</i></p>
--	---	---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

 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**


**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**

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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: 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](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**


#### **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](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: 416831

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## C. Primary Care Directory

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 402851

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 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**


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 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)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 416831

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

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](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**

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N





 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8:30AM-5PM  
 TH 9:30AM-6PM

### **OBSTETRICS / GYNECOLOGY**

#### **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: 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: 402851  
 Provider Gender: Female  
 License Number: A116680  
 NPI: 1700073962

Provider English Spoken: Y


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 *Provider Language(s) Spoken: Spanish*  
*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**


#### **MELLENDEZ 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**

#### **MELLENDEZ BERRIOS, IARA 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


### 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](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


### 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](http://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 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](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

### 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](http://www.operationsa)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

mahan.org  
 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: 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: 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: 402851  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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: (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: 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**

#### **SAPRA, SONIA**


Provider ID: 206360

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 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: 402851

Provider Gender: Female

License Number: A164859

NPI: 1952751711


 Provider English Spoken: Y



 Provider Language(s)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

*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: 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**

#### **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: 416831*  
*Provider Gender: Female*  
*License Number: 20A13958*  
*NPI: 1932269198*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: Sharp*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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**

**STABEN, REBECCA**

Provider ID: 206360

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

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**

**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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **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](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**


#### **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

 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](http://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: 402851

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.







## C. Primary Care Directory

 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  
 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: 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  
 Medi-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: 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  
 Accessibility: CONTACT  
 PROVIDER

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 402851

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **OPHTHALMOLOGY**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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-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): NPI: 1891359154

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

### PEDIATRICS

---

#### ABELL, GEOFFREY

*Provider ID: 27341*

*Provider Gender: Male*

*NPI: 1245256130*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND*


*NEWBORNS, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 *292 EUCLID AVE STE 220 SAN DIEGO, CA 92114*

 *Phone: (619) 262-8624*

*Fax: (619) 262-6639*

 *After Hours Phone: (619) 262-8624*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

---

### PEDIATRICS

---

#### ABRAMSON, RACHEL

*Provider ID: 185268*

*Provider Gender: Female*

*License Number: A104918*


*NPI: 1588707178*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SHARP CHULA VISTA MED CTR*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM SA 8AM-2PM*

---

### PEDIATRICS

---


#### ADJAN, ROULA


*Provider ID: 185268*

*Provider Gender: Female*

*License Number: A81682*

*NPI: 1992847263*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic, Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *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):*

 *Accessibility: CONTACT PROVIDER*

---

### PEDIATRICS

---

#### ADLOUNI, LOUBABA

*Provider ID: 230441*

*Provider Gender: Female*

*NPI: 1669443685*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*


*DIEGO, PALOMAR HEALTH,*

*PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 *16918 DOVE CANYON RD STE 200*

*SAN DIEGO, CA 92127*



 *Phone: (858) 924-1960*

*Fax: (858) 924-1964*





 *After Hours Phone: (858)*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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







**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

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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

Cultural Competency: N  
 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): Min/Max Age: 0\19  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 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

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## C. Primary Care Directory

Cultural Competency: N  
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):  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

NPI: 1417279324


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Italian,  
 Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Board Certified Specialty: No

 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-6PM  
 SA 8AM-2PM

### PEDIATRICS

#### **CORDES, WILLIAM**

Provider ID: 206360

Provider Gender: Male

License Number: 20A15743

NPI: 1174942544

 Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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 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](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### PEDIATRICS

#### FISHMAN, ELENA

Provider ID: 524340  
Provider Gender: Female  
NPI: 1740249432  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No  
 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
























### 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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>FORTUNE, ERIN</b>            Provider ID: 416831            Provider Gender: Male            License Number: A95577            NPI: 1801088422</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, GROSSMONT HOSPITAL            Board Certified Specialty: No</p> <p> 3514 30TH ST            SAN DIEGO, CA 92104   Phone: (619) 515-2424   After Hours Phone: (619) 515-2424   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\18            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>DIEGO, PALOMAR HEALTH            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            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> Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>
<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>FRIEDMAN, JAIME</b>            Provider ID: 230500            Provider Gender: Female            NPI: 1144297961</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN</p>	<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>GOGGIN, SAMANTHA</b>            Provider ID: 185268            Provider Gender: Female            License Number: A163693            NPI: 1023506367</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No</p> <p> 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</p>	<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>GRAY, SARAH</b>            Provider ID: 206360            Provider Gender: Female            License Number: A151631            NPI: 1508210311</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO            Board Certified Specialty: No</p> <p> 1809 NATIONAL AVE            SAN DIEGO, CA 92113   Phone: (619) 515-2300   After Hours Phone: (619) 515-2300   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M 8:30AM-7PM            TU-TH 8:30AM-6PM            F 8:30AM-5:30PM            SA 8:30AM-5PM</p>
		<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>GUPTA, VARSHA</b>            Provider ID: 206360            Provider Gender: Female</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

License Number: A164889

NPI: 1891283214

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8:30PM  
 F 8AM-5PM  
 SA 8AM-2PM

### PEDIATRICS

#### **HOANG, VY**

Provider ID: 161902

Provider Gender: Female

NPI: 1649575135

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
 SHARP MARY BIRCH HOSP  
 FOR WOMEN AND  
 NEWBORNS, RADY

CHILDRENS HOSPITAL SAN  
 DIEGO


Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### HOSPITAL OAKLAND

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

### 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](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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

 Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### 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): 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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

SAN DIEGO, CA 92131  
 Phone: (858) 566-4444  
 Fax: (858) 566-3321  
 After Hours Phone: (858) 566-4444  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS







#### **PARKER, SHERINE**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: G81658  
 NPI: 1477626513  
 Provider English Spoken: Y  
 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

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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## C. Primary Care Directory

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

### 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](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

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

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS



#### **RUBENSTEIN, STUART**

Provider ID: 521305

Provider Gender: Male  
NPI: 1689633844

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory



Spoken: French  
 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-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  
 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  
 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.







## C. Primary Care Directory

 *Provider Language(s)*  
*Spoken: Gujarati, Hindi, Urdu*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA 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*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **SPITZER, MARSHA**

*Provider ID: 402851*  
*Provider Gender: Female*  
*License Number: A76785*  
*NPI: 1851323315*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 *Phone: (619) 515-2444*  
 *After Hours Phone: (619) 515-2444*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

### 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):

 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):

 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):

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### **WEATHERLY, JACOB**

Provider ID: 637376

Provider Gender: Male

NPI: 1538520457

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LUCILE


SALTER PACKARD

CHILDRENS HOSP, Stanford  
Health Care

Board Certified Specialty: No

 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  
.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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## C. Primary Care Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### ZAHEER, AARON


Provider ID: 482070

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### 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](http://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](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

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

Medi-Cal Open Panel: Yes


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL):  Provider English Spoken: Y  
Cultural Competency: N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
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):

 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):

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## C. Primary Care Directory


---

Provider Gender: Female  
License Number: PA58826  
NPI: 1144733676  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
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

---






### **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

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

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**

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

---

### **PHYSICIANS ASSISTANT**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

---


### LLOYD, MATTHEW

Provider ID: 417429

Provider Gender: Male


License Number: PA62752


NPI: 1487307369


 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**


#### **MERCER, KELLY**

*Provider ID: 185268*

*Provider Gender: Female*

*License Number: PA21625*

*NPI: 1154609790*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 255-9155*

 *After Hours Phone: (619) 255-9155*


 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM  
SA 8AM-2PM*

---

### **PHYSICIANS ASSISTANT**

#### **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*

*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*

*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*

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

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

 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

TU 8AM-8PM

W-F 8AM-5PM

### 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

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## C. Primary Care Directory


<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>UDOH, EKAETE</b>            Provider ID: 418535            Provider Gender: Male            License Number: PA19664            NPI: 1841472776</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  <input type="phone"/> Phone: (844) 200-2426  <input type="phone"/> After Hours Phone: (844) 200-2426  <input type="website"/> Website: <a href="http://www.operationsamahahan.org">www.operationsamahahan.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-TU 8:30AM-5:30PM            W 10AM-7PM            TH-F 8:30AM-5:30PM</p>	<p><i>Vietnamese</i>            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 4290 POLK AVE SAN DIEGO, CA 92105  <input type="phone"/> Phone: (619) 563-0250  <input type="phone"/> After Hours Phone: (619) 563-0250  <input type="website"/> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8AM-5PM            SA 8AM-2PM</p>	<p>Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>YOUNG-PEN, TONI</b>            Provider ID: 233597            Provider Gender: Female            License Number: PA18746            NPI: 1932297595</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish,</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>YOUNG-PEN, TONI</b>            Provider ID: 206362            Provider Gender: Female            License Number: PA18746            NPI: 1932297595</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish, Vietnamese            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 3544 30TH ST SAN DIEGO, CA 92104  <input type="phone"/> Phone: (619) 515-2424  <input type="phone"/> After Hours Phone: (619) 515-2424  <input type="website"/> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes</p>	<p><b>PODIATRIST</b></p> <p><b>JUAREZ, LETICIA</b>            Provider ID: 206360            Provider Gender: Female            License Number: DPM5661            NPI: 1508393778</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 1809 NATIONAL AVE SAN DIEGO, CA 92113  <input type="phone"/> Phone: (619) 515-2300  <input type="phone"/> After Hours Phone: (619) 515-2300  <input type="website"/> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>
		<p><b>PODIATRIST</b></p> <p><b>LE, DIANA</b>            Provider ID: 206363            Provider Gender: Female            License Number: DPM5734            NPI: 1184112864</p> <p><input type="checkbox"/> Provider English Spoken: Y</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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*  
*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  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*  
 *Website: www.fhcsd.org*




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


### **PODIATRIST**

#### **SCHNEIDER, SARAH**

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

 *Accessibility: CONTACT PROVIDER*


### **PODIATRIST**


#### **SCHNEIDER, SARAH**

*Provider ID: 402851*  
*Provider Gender: Female*  
*License Number: DPM4819*  
*NPI: 1326282237*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 *Phone: (619) 515-2444*  
 *After Hours Phone: (619) 515-2444*


 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*




*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


### **PODIATRIST**

#### **SCHNEIDER, SARAH**



*Provider ID: 417429*  
*Provider Gender: Female*  
*License Number: DPM4819*  
*NPI: 1326282237*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL


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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL


#### **HILL, LINDA**

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish


Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

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

Medi-Cal Open Panel: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

**RISSER, JOSEPH**

Provider ID: 206046

Provider Gender: Male


License Number: G70886

NPI: 1952386765


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: Yes

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 279-0377

 After Hours Phone: (858)  
279-0925


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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

**RISSER, JOSEPH**

Provider ID: 482070

Provider Gender: Male


License Number: G70886


NPI: 1952386765


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL



**ROMERO, CAMILA**

Provider ID: 206046

Provider Gender: Female

License Number: A93812

NPI: 1508912130

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR


WOMEN AND NEWBORNS

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### PREVENTATIVE MEDICINE

#### GENERAL

**ROMERO, CAMILA**

Provider ID: 206046

Provider Gender: Female

License Number: A93812

NPI: 1508912130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR


WOMEN AND NEWBORNS


Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 Phone: (858) 279-0925

 Fax: (858) 279-0377

 After Hours Phone: (858) 279-0925

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### REGISTERED PHYSICAL THERAPIST


#### **BLOCKER, NIRIT**


Provider ID: 206360

Provider Gender: Female

License Number: PT30272

NPI: 1457689309


 Provider English Spoken: Y


 Provider Language(s) Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

---

### REGISTERED PHYSICAL THERAPIST


#### **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

 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

---

### 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

 Accessibility: CONTACT PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### REGISTERED PHYSICAL THERAPIST

#### **DAHMS, MADELYNN**

Provider ID: 206360

Provider Gender: Female

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

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

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

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

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory



---



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

#### **MAHONEY, KAITLYN**

Provider ID: 417937  
Provider Gender: Female  
License Number: PT296559  
NPI: 1114583176  
 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-F  
8:30AM-5:30PM




---

### REGISTERED PHYSICAL THERAPIST

#### **MIGNEA, DAVID**

Provider ID: 417937  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No



 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### REGISTERED PHYSICAL THERAPIST


#### **SCHMIDT, BRYAN**

Provider ID: 417937  
Provider Gender: Male  
License Number: PT28061  
NPI: 1780685032  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 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

#### **VAN DYKE, JASON**


Provider ID: 417937  
Provider Gender: Male  
License Number: PT25155  
NPI: 1487658720  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### RHEUMATOLOGY

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


### OGANDO, SHEENA

Provider ID: 206363

Provider Gender: Female

License Number: A142743

NPI: 1649564295

 Provider English Spoken: Y

 Provider Language(s)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

PROVIDER

### SAN MARCOS

#### 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

##### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## C. Primary Care Directory





 *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*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*

### CERTIFIED NURSE PRACTITIONER

#### **FODDA, RAMI**

*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: NP18788*  
*NPI: 1164660452*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### CERTIFIED NURSE PRACTITIONER

#### **FODDA, RAMI**

*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: NP18788*  
*NPI: 1164660452*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### CERTIFIED NURSE PRACTITIONER

#### **FODDA, RAMI**

*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: NP18788*  
*NPI: 1164660452*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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


 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**FREEMAN, WANDA**

Provider ID: 206426




Provider Gender: Female

License Number: NP95003903

NPI: 1659504264

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**FREEMAN, WANDA**

Provider ID: 206426




Provider Gender: Female

License Number: NP95003903

NPI: 1659504264

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

PROVIDER

---

### **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**

---

**HENLEY, MEARA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

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**

**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](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**

**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](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**

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

---


 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**


**MACIAS, ALISSA**  
Provider ID: 206426  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

---






 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**


**MACIAS, ALISSA**  
Provider ID: 206426  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

---

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

---


### **CERTIFIED NURSE PRACTITIONER**

**MACIAS, ALISSA**  
Provider ID: 206426  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

---

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

---







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

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**BELANGER, TANYA**  
Provider ID: 206426  
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 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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 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

 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**


#### **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

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED REGISTERED** **NURSE MIDWIFE**

#### **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

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED REGISTERED** **NURSE MIDWIFE**

#### **KELLY, KATHERINE**

Provider ID: 206426



Provider Gender: Female

License Number: NM235997

NPI: 1801134275


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

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

 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

 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

 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**

#### **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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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*

*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*

*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*

*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*

*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*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

#### **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 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


#### **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 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


#### **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 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

#### **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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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*

---

### **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*



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>TRUECARE,</b>            Provider ID: 206426            NPI: 1245246917</p> <p> Provider English Spoken: Y            Cultural Competency: N</p> <p> 150 VALPRED A RD            SAN MARCOS, CA 92069</p> <p> Phone: (760) 736-6767            Fax: (760) 736-8740</p> <p> After Hours Phone: (760) 736-6767</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM            SA 8AM-5PM</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM            SA 8AM-5PM</p>	<p>Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS            Board Certified Specialty: No</p> <p> 150 VALPRED A RD            SAN MARCOS, CA 92069</p> <p> Phone: (760) 736-6767   After Hours Phone: (760) 736-6767</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
<hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>TRUECARE,</b>            Provider ID: 206426            NPI: 1811617939</p> <p> Provider English Spoken: Y            Cultural Competency: N</p> <p> 150 VALPRED A RD            SAN MARCOS, CA 92069</p> <p> Phone: (760) 736-6767            Fax: (760) 736-8740</p> <p> After Hours Phone: (760) 736-6767</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None</p>	<hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>TRUECARE,</b>            Provider ID: 206426            NPI: 1598484255</p> <p> Provider English Spoken: Y            Cultural Competency: N</p> <p> 150 VALPRED A RD            SAN MARCOS, CA 92069</p> <p> Phone: (760) 736-6767            Fax: (760) 736-8740</p> <p> After Hours Phone: (760) 736-6767</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM            SA 8AM-5PM</p>	<hr/> <p style="text-align: center;"><b>GENERAL PRACTICE</b></p> <hr/> <p><b>WITCZAK, IZABELA</b>            Provider ID: 206426            Provider Gender: Female            License Number: A71311            NPI: 1184735201</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Polish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS            Board Certified Specialty: No</p> <p> 150 VALPRED A RD            SAN MARCOS, CA 92069</p> <p> Phone: (760) 736-6767   After Hours Phone: (760) 736-6767</p>
	<hr/> <p style="text-align: center;"><b>GENERAL PRACTICE</b></p> <hr/> <p><b>WITCZAK, IZABELA</b>            Provider ID: 206426            Provider Gender: Female            License Number: A71311            NPI: 1184735201</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Polish</p>	



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

### 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](http://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](http://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](http://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](http://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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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**


#### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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](http://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

 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

### **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](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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):  
N

 Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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 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

 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 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **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 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### PEDIATRICS


---

#### MATIAS, JULIE

Provider ID: 661065

Provider Gender: Female

NPI: 1083094510


 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 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):

 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

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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

---

### PEDIATRICS

---

#### POSADAS, EMERITO

Provider ID: 206426

Provider Gender: Male

License Number: A48980

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Tagalog


Cultural Competency: N


Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER

Board Certified Specialty: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

 *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**

---


#### **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**

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

---

### PEDIATRICS

### SEBIANE, MARIA

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

---

### PEDIATRICS

### SOCHA, TRACI

Provider ID: 428861

Provider Gender: Female

NPI: 1669478616

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

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](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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

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


#### 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  
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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *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

#### 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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

#### 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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA

Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA53036  
 NPI: 1922471192  
 Provider English Spoken: Y

Cultural Competency: N  
 Board Certified Specialty: No


 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-5PM

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA




Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA53036  
 NPI: 1922471192  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No




 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

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

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA

Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA53036  
 NPI: 1922471192  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-5PM

### PHYSICIANS ASSISTANT




#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT


**SPENCE, JAMIE**

Provider ID: 206426

Provider Gender: Female

License Number: PA21723




NPI: 1518133032

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 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


**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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### PHYSICIANS ASSISTANT

**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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<b>PRACTITIONER</b>	<i>Board Certified Specialty: No</i>	<i>PROVIDER</i>
<b>GARCIA, TEDAYSHIA</b> <i>Provider ID: 206292</i> <i>Provider Gender: Female</i> <i>License Number: NP95003355</i> <i>NPI: 1659730778</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"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173 <input type="phone"/> <i>Phone: (619) 662-4100</i> <input type="clock"/> <i>After Hours Phone: (619) 662-4100</i> <input type="globe"/> <i>Website: 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> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>	<input type="checkbox"/> 3364 BEYER BLVD SAN YSIDRO, CA 92173 <input type="phone"/> <i>Phone: (619) 662-4100</i> <input type="clock"/> <i>After Hours Phone: (619) 662-4100</i> <input type="globe"/> <i>Website: https://www.syhealth.org/locations</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>	<b>CERTIFIED NURSE PRACTITIONER</b> <b>IBARRA, MARTHA</b> <i>Provider ID: 206292</i> <i>Provider Gender: Female</i> <i>License Number: NP12112</i> <i>NPI: 1114957289</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</i> <i>Board Certified Specialty: No</i> <input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173 <input type="phone"/> <i>Phone: (619) 662-4100</i> <input type="clock"/> <i>After Hours Phone: (619) 662-4100</i> <input type="globe"/> <i>Website: 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> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i> <input type="clock"/> <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i>
<b>CERTIFIED NURSE PRACTITIONER</b> <b>GUADARRAMA, IGNACIO</b> <i>Provider ID: 227469</i> <i>Provider Gender: Male</i> <i>License Number: NP95003671</i> <i>NPI: 1821331174</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>	<b>CERTIFIED NURSE PRACTITIONER</b> <b>HACINAS, REYNALDO</b> <i>Provider ID: 206292</i> <i>Provider Gender: Male</i> <i>License Number: NP95003024</i> <i>NPI: 1215304860</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173 <input type="phone"/> <i>Phone: (619) 662-4100</i> <input type="clock"/> <i>After Hours Phone: (619) 662-4100</i> <input type="globe"/> <i>Website: 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> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>	<b>CERTIFIED NURSE PRACTITIONER</b>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## C. Primary Care Directory

### **IBARRA, MARTHA**

Provider ID: 227469

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 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**

---

**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

---

### **CHIROPRACTOR**

---


**OCHOA, RAUL**

Provider ID: 206292

Provider Gender: Male

License Number: DC33693

NPI: 1518401827


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


**ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 227411

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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: [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**


**ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 206292

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL, PARADISE VALLEY


HOSPITAL

Board Certified Specialty: No

 4004 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**

**ARRIETA, NOEMI**

Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

**BAUM, PETER**

Provider ID: 227411

Provider Gender: Male

License Number: 20A14949


NPI: 1174919971

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish






Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173








Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM

### **FAMILY PRACTICE**


#### **BORSAN, COSMIN**






Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A17643  
 NPI: 1679060255  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Romanian  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

/clinics/san-ysidro-health  
-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**


#### **CEVALLOS, JAMES**

Provider ID: 206292

Provider Gender: Male

License Number: A55469

NPI: 1720181829

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **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

### **FAMILY PRACTICE**


#### **CORONADO, MYRNA**

Provider ID: 227411

Provider Gender: Female

License Number: A112627

NPI: 1710147566


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **DALUGDUGAN, ESTHER**


Provider ID: 206292

Provider Gender: Female

License Number: A112511

NPI: 1962662718

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

*/clinics/san-ysidro-health  
-center* N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### FAMILY PRACTICE

#### ESTRADA, JOHANNA

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A127188  
 NPI: 1255698155  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### FAMILY PRACTICE

#### HEINRICI, ALEKA

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A125329  
 NPI: 1780979120  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 4004 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

#### HENDRIX, JEFFERSON

Provider ID: 227469  
 Provider Gender: Male  
 License Number: A32571  
 NPI: 1235142738  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


### FAMILY PRACTICE

#### HERNANDEZ, RALPH

Provider ID: 206292  
 Provider Gender: Male  
 License Number: C42207  
 NPI: 1285782151  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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


#### HERNANDEZ, RALPH

Provider ID: 227469

Provider Gender: Male

License Number: C42207

NPI: 1285782151


 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

---

### FAMILY PRACTICE


#### KAUFHOLD, ANNE

Provider ID: 206292

Provider Gender: Female

License Number: A88893

NPI: 1164508073

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 4004 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


#### LARA, LESLEY

Provider ID: 206292

Provider Gender: Female

License Number: A173435

NPI: 1184112682


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 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: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

---

### FAMILY PRACTICE

#### LEE, JOSEPH

Provider ID: 206292

Provider Gender: Male

License Number: A164201

NPI: 1417480948

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: ST

ELIZABETH HOSP


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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## C. Primary Care Directory

- center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

---

### **FAMILY PRACTICE**







---

**LEE, JOSEPH**  
Provider ID: 227469  
Provider Gender: Male  
License Number: A164201  
NPI: 1417480948  
 Provider English Spoken: Y  
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

---

### **FAMILY PRACTICE**



---

**LEPEZ, DAVID**  
Provider ID: 206292  
Provider Gender: Male  
License Number: A130348  
NPI: 1205196029  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No  
 4004 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

---

### **FAMILY PRACTICE**

---

**LEUTE, ERIC**  
Provider ID: 206292  
Provider Gender: Male  
License Number: A80832  
NPI: 1720171507  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 4004 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**

---

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

**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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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**


**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/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)

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

 Accessibility: CONTACT  
 PROVIDER

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

### **FAMILY PRACTICE**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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**

### RAJAIPOUR, NEGIN

Provider ID: 206292

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

 4004 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**

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


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

 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](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

 4004 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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  
 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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

### FAMILY PRACTICE

---


#### UTZ, JACK

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: A183145*

*NPI: 1194353094*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4004 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

FQHC	
<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,</b>  <b>Provider ID: 206292</b>  <b>NPI: 1952364747</b>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 205-6305</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p>	<p> <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>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>
GENERAL PRACTICE	
<p><b>REYNAGA, JOSUE</b>  <b>Provider ID: 206292</b>  <b>Provider Gender: Male</b>  <b>License Number: A181644</b>  <b>NPI: 1356929111</b>   <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, SCRIPPS MERCY HOSPITAL</i>  <i>Board Certified Specialty: No</i>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p>
GENERAL PRACTICE	
<p><b>TEJEDA, FRANCISCO</b>  <b>Provider ID: 206292</b>  <b>Provider Gender: Male</b>  <b>License Number: A66885</b>  <b>NPI: 1407940075</b>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>
GYNECOLOGY	
<p><b>CALDERON, JORGE</b>  <b>Provider ID: 206292</b>  <b>Provider Gender: Male</b>  <b>License Number: A40480</b>  <b>NPI: 1407800881</b>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i></p>	

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PARADISE VALLEY  
HOSPITAL, LOMPOC VALLEY  
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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

### INTERNAL MEDICINE

#### CHEN, TSUH YIN

Provider ID: 206292

Provider Gender: Female

License Number: C55563

NPI: 1093803520

Provider English Spoken: Y

Provider Language(s)

Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### CHOW, MAN HUNG

Provider ID: 227469

Provider Gender: Female

License Number: G66745

NPI: 1225149115

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

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

#### DE LA ROSA, JOSE

Provider ID: 206292

Provider Gender: Male

License Number: A49267

NPI: 1689646572

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

### INTERNAL MEDICINE

#### DILLON, BENEDICT

Provider ID: 227411

Provider Gender: Male

License Number: A11118

NPI: 1710142708

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, CHULA VISTA

COMM HOSP

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinic](http://syhealth.org/clinic)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

*s/maternal- child- health- center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**


**HURST, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: 20A8081

NPI: 1205893104

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SUTTER

TRACY COMMUNITY HOSP,


SCRIPPS MEMORIAL


HOSPITAL


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

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

### **INTERNAL MEDICINE**


**KAUFER, DAVID**

Provider ID: 227469

Provider Gender: Male

License Number: G80107

NPI: 1710082789


 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

### **INTERNAL MEDICINE**


**KAUFER, DAVID**

Provider ID: 206292

Provider Gender: Male

License Number: G80107

NPI: 1710082789


 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

### **INTERNAL MEDICINE**

**LAMANTIA, MICHELE**

Provider ID: 206292

Provider Gender: Female

License Number: G71855

NPI: 1124176102

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 4004 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):


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

<b>N</b>  <i>Accessibility: CONTACT PROVIDER</i>	<i>NPI: 1538371844</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i>  4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i>	 <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>
<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>MAY, LOUIS</b> <i>Provider ID: 206292</i> <i>Provider Gender: Male</i> <i>License Number: A138568</i> <i>NPI: 1720497514</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: EISENHOWER MEDICAL CTR</i> <i>Board Certified Specialty: No</i>  4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>	<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>RAMIREZ SANCHEZ, CLAUDIA</b> <i>Provider ID: 206292</i> <i>Provider Gender: Female</i> <i>License Number: A160493</i> <i>NPI: 1659720555</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</i> <i>Board Certified Specialty: No</i>  4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>	
<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>PARK, DANIEL</b> <i>Provider ID: 206292</i> <i>Provider Gender: Male</i> <i>License Number: A99433</i>	<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>POAST, JENNIFER</b> <i>Provider ID: 206292</i> <i>Provider Gender: Female</i> <i>License Number: 20A8245</i> <i>NPI: 1164435681</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>	

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **SALERNO, MARIANA**

*Provider ID: 206292*

*Provider Gender: Female*

*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](https://www.syhealth.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](https://www.syhealth.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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

---

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 227411

N

 Accessibility: CONTACT PROVIDER

---

### INTERNAL MEDICINE

---


#### **VELAZQUEZ CAMARENA, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A56153

NPI: 1518965714

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 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-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**

#### **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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Provider ID: 227411  
Provider Gender: Male  
License Number: A63844  
NPI: 1891867412  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

PROVIDER	MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL Board Certified Specialty: No	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
<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>DINH, MY</b> Provider ID: 227411 Provider Gender: Female 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: <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	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	
<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>GOLDSTEIN, EDWARD</b> 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	<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>GOMEZ, DANIELA</b> 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	
	<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>GOMEZ, DANIELA</b> 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: <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	
		<b><u>OBSTETRICS / GYNECOLOGY</u></b>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

### JENKINS, ENCHANTA

Provider ID: 227411

Provider Gender: Female

License Number: C143625


NPI: 1285604702


 Provider English Spoken: Y  
Cultural Competency: N


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### 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

### 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>

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>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory


### ACEVEDO, SUSANA

Provider ID: 227411

Provider Gender: Female


License Number: A74960


NPI: 1801971569


 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A138938  
 NPI: 1134567530  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: syhealth.org/clinics/maternal-child-health-center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

---

### PEDIATRICS


#### NISSAN, BETI


*Provider ID: 206292*

*Provider Gender: Female*

*License Number: A64487*

*NPI: 1396705299*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Farsi, Persian*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO, HOLLYWOOD*


*PRESBYTERIAN MED CTR,*


*SHARP MEMORIAL HOSPITAL*


*Board Certified Specialty: No*

 *4004 BEYER BLVD*

*SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

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


 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM*

---

### PEDIATRICS


#### PIANSAY, MARIA CORAZON

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: A93785*

*NPI: 1669680351*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*


*CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *4004 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*

---

### 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)*

*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)*

*Medi-Cal Open Panel: Yes*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 227411

N

 Accessibility: CONTACT PROVIDER

---

### PEDIATRICS

---


#### SAHMS, TIMOTHY

Provider ID: 206292

Provider Gender: Male

License Number: G51462

NPI: 1780697276

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 4004 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-7:30PM  
SA 8:30AM-2PM

---

### PEDIATRICS

---


#### SAHMS, TIMOTHY

Provider ID: 227411

Provider Gender: Male

License Number: G51462

NPI: 1780697276

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No

 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

---


#### SHAHIDYAZDANI, TINA

Provider ID: 227411

Provider Gender: Female

License Number: A94813


NPI: 1891924858


 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

---

### PEDIATRICS

---

#### SULLIVAN, ELISSA

Provider ID: 227411

Provider Gender: Female

License Number: A169577


NPI: 1790216422


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

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

### **PEDIATRICS**

#### **TAYLOR, TASHA**


*Provider ID: 227411*  
*Provider Gender: Female*  
*License Number: A82187*  
*NPI: 1528144433*

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


*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY*  
*MEDICAL CTR*

*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/clinic*  
*s/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*

*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*

*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.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*

### **PHYSICIANS ASSISTANT**


#### **KAMOTO, LYNN**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: PA17162*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

NPI: 1447326459

 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

#### 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/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## C. Primary Care Directory

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SUNA SITTO, MOHEEN**

Provider ID: 227469

Provider Gender: Female


License Number: PA22855


NPI: 1497196729

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 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>

[alth.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

### **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

 Accessibility: CONTACT PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### REGISTERED PHYSICAL THERAPIST

#### **CLARK, SKYLAR**

Provider ID: 227469

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-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### SPEECH PATHOLOGIST

#### **HILL, CARLA**

Provider ID: 206292

Provider Gender: Female

License Number: SP9075

NPI: 1043950751

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

### 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-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

### **SANTEE**

### PEDIATRICS

#### **ARLATA, TAMANTHA**

Provider ID: 615945

Provider Gender: Female

NPI: 1568721934

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory

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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 206361

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

 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**


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

Provider ID: 206361

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

 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**

#### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

Provider ID: 206361

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206361

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](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: 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](http://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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 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**


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT

### PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 206361

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

 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**

#### **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](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**

#### **MELLENDEZ BERRIOS, IARA DEL**

Provider ID: 206361

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.







## C. Primary Care Directory

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: 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**



#### **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*  
*Medi-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*  
*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*  
*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)*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## C. Primary Care Directory







*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*  
 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,**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### **CRAYCHEE, LEO**

Provider ID: 71887

Provider Gender: Male

NPI: 1265432710

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 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.vistacommu  
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

### 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.vistacommu  
nityclinic.org

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## C. Primary Care Directory


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](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,**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## C. Primary Care Directory

Provider ID: 411518

NPI: 1851300123

 Provider English Spoken: Y  
Cultural Competency: N

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892

 After Hours Phone: (844)  
308-5003


 Website: [www.vistacommunityclinic.org](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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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

**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):  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

Board Certified Specialty: No

105 DURIAN ST STE A  
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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM

TU 10:30AM-7:30PM

W-F 8AM-5PM

### PEDIATRICS

#### NAUDIN, VERONICA

Provider ID: 84118

Provider Gender: Female

NPI: 1093755878

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## C. Primary Care Directory

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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Medi-Cal Open Panel: Yes

Min/Max 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

---


#### 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 *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**

#### **MC GEE, 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *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)*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---



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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

---

### **CERTIFIED NURSE PRACTITIONER**

---


#### **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,

Medical Group-SD

---

### **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

---

### **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

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory









Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-6PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**DE DIOS, SARAH**  
 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

### CERTIFIED NURSE PRACTITIONER

**GUADARRAMA, IGNACIO**  
 Provider ID: 300304  
 Board Certified Specialty: No  
 880 THIRD AVESTE 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

### CERTIFIED NURSE

### PRACTITIONER

**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

### CERTIFIED NURSE PRACTITIONER

**KANTAS, PARIS**  
 Provider ID: 293297  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Fax: (619) 205-6305

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ 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

Fax: (858) 966-1725



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### CARRILLO, MARITZA

Provider ID: 290970

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: 1649628587

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-8PM  
SA 8AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

##### DEIS, CRISTINA

Provider ID: 302757

Board Certified Specialty: No

1637 THIRD AVE STE H

CHULA VISTA, CA 91911

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)

662-4100

Provider Gender: Female

NPI: 1639478811

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### FAMILY PRACTICE

##### HERNANDEZ, RALPH

Provider ID: 300230

Board Certified Specialty: No

880 3RD 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: 1285782151

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

##### LOZANO, JUAN

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

### FAMILY PRACTICE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### LOZANO, JUAN

Provider ID: 303517

Board Certified Specialty: No

1637 THIRD AVESTE B  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

Fax: (619) 205-1376

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

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

### VELASQUEZ, SHARON

Provider ID: 299164

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY

### NOVO, MEGAN

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  
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

### SHAFFER, KATHERINE

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  
VALLEY HOSPITAL

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


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

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

### 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


### 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):


### 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

#### 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




 Provider English Spoken: Y

### HEARING AID DEALER / SUPPLIER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.







## D. Specialist Provider Directory

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  
Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 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  
 Provider English Spoken: Y






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 *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,*  
*SHARP MEMORIAL HOSPITAL,*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


ALVARADO HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): ALVARADO HOSPITAL LLC,  
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

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY


**SUDHAKAR, DEEPTHI**

Provider ID: 295846

Board Certified Specialty: No

 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

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY


**SUDHAKAR, DEEPTHI**

Provider ID: 296051

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory




Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### 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

**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

**MOOLANI, UJJALA**

Provider ID: 296069


Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

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,

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,






















IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

<b>NEPHROLOGY</b>		<b>NEUROLOGY</b>	<b>NEUROLOGY</b>
<p><b>YUAN, HENRY</b>            Provider ID: 268551            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: 1043442379   Provider English Spoken: Y   Provider Language(s) Spoken: Chinese, Mandarin            Cultural Competency: N            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            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>		<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 9AM-5PM   Website: N/A            IPA: Community Care IPA LLC</p>	<p>Provider ID: 127244            Board Certified Specialty: No   750 MEDICAL CENTER CT STE 6            CHULA VISTA, CA 91911   Phone: (619) 337-7900            Fax: (619) 337-7902   After Hours Phone: (619) 337-7900            Provider Gender: Male            NPI: 1902973472   Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, Farsi, French, German, 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):</p>
<p><b>MOHAMMAD, AHMAD SHAH</b>            Provider ID: 304999            Board Certified Specialty: No   450 FOURTH AVESTE 215            CHULA VISTA, CA 91910   Phone: (619) 425-3840            Fax: (619) 485-5440   After Hours Phone: (619) 425-3840            Provider Gender: Female            NPI: 1316471485   Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, Persian            Cultural Competency: N            Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>		<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p><b>SORIA LOPEZ, JOSE</b>            Provider ID: 295744            Board Certified Specialty: No</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory






 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: 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

### **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




### **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):


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory






**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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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 AVES TE 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





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

**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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory








 *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*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings*





*Medical Group-SD*

### **OPTOMETRIST**







**RICHARDSON, JULIA**  
*Provider ID: 297645*  
*Board Certified Specialty: No*  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 422-1471*  
*Fax: (619) 422-2025*  
 *After Hours Phone: (619) 422-1471*  
*Provider Gender: Female*  
*NPI: 1770154528*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **OPTOMETRIST**

**SCOVILL, ALEXANDRA**  
*Provider ID: 297625*  
*Board Certified Specialty: No*  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 422-1471*  
*Fax: (619) 422-0114*  
 *After Hours Phone: (619) 422-1471*  
*Provider Gender: Female*

*NPI: 1184146094*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **OPTOMETRIST**

**TRAN, JESSICA**  
*Provider ID: 304888*  
*Board Certified Specialty: No*  
 340 FOURTH AVESTE 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): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 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


#### **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


### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT




#### VARGAS, CHRISTOPHER

Provider ID: 295945  
Board Certified Specialty: No  
 2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
 Phone: (619) 600-5309  
Fax: (619) 655-4700  
 After Hours Phone: (619)  
600-5309  
Provider Gender: Male  
NPI: 1922505775

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

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 *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*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Min/Max Age: 18\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### 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): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM

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

SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### PSYCHOLOGIST

#### WIJAYARATNE, IMANIE

Provider ID: 290092

Board Certified Specialty: No  
 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): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### RADIATION ONCOLOGY

#### CARMONA, RUBEN

Provider ID: 303101

Board Certified Specialty: No  
 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): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---


### RADIATION ONCOLOGY

#### COLEMAN, LORI

Provider ID: 206393

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.










## D. Specialist Provider Directory

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign 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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign 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: 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

American Sign 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 AVESTE 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: 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: 301380

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: 0\None

American Sign Language (ASL):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


---

**REGISTERED PHYSICAL THERAPIST**




---

**NGUYEN, TIA**

*Provider ID: 305014*  
*Board Certified Specialty: No*  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913  
 *Phone: (619) 482-3000*  
*Fax: (619) 482-3001*  
 *After Hours Phone: (619) 482-3000*

*Provider Gender: Female*  
*NPI: 1457136269*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 7AM-7PM F 7AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

---


**REGISTERED PHYSICAL THERAPIST**

---



**NGUYEN, TIA**

*Provider ID: 305013*  
*Board Certified Specialty: No*  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913  
 *Phone: (619) 482-3000*  
*Fax: (619) 482-3001*  
 *After Hours Phone: (619)*

482-3000

*Provider Gender: Female*  
*NPI: 1457136269*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 7AM-7PM F 7AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

---


**REGISTERED PHYSICAL THERAPIST**

---

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory





 *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: 301994*  
*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: 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**

---

#### **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**

---

#### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**STAHL, KEVIN**  
 Provider ID: 305424  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Male  
 NPI: 1760194302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP  


---

**REGISTERED PHYSICAL  
THERAPIST**  
**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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

---

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: 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

 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


<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>
---	---	--


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### **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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
IPA: UCSD Medical Group


---


**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


---


**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

---


**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

---


**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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: 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




### 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




### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.







## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Medi-Cal Open Panel: Yes

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

 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

 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








Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory


 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 477 N EL CAMINO REAL  
STE 302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### NEUROLOGY


#### SCHORR, EMILY

Provider ID: 305022

Board Certified Specialty: No


 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

---

### 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

---

### OBSTETRICS / GYNECOLOGY

#### BINDER, PRATIBHA

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

**OPHTHALMOLOGY**

---

**BANSAL, PREETI**  
 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

**OPHTHALMOLOGY**

---

**BHATIA, SHAGUN**  
 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

---

**OPHTHALMOLOGY**

---

**HENNEIN, LAUREN**  
 Provider ID: 297012  
 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: 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**

---

**MOLL, ANGELA**  
 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### OTOLARYNGOLOGY

#### **BLISS, MORGAN**

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

### OTOLARYNGOLOGY

#### **FRIESEN, TZYYNONG**

Provider ID: 244900

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: 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: 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

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **PATEL, VIJAY**

Provider ID: 297035

Board Certified Specialty: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 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,**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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: 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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




 *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: 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*

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### SURGERY PEDIATRIC

#### **FAIRBANKS, TIMOTHY**

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

### SURGERY PEDIATRIC

#### **KLING, KAREN**

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

### SURGERY PLASTIC

#### **REID, CHRISTOPHER**

Provider ID: 238130

Board Certified Specialty: No

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

### **ESCONDIDO**

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### ANESTHESIOLOGY PAIN MANAGEMENT


#### **DAIRO, BRANDON**

Provider ID: 300090

Board Certified Specialty: No

 1955 CITRACADO PKWY  
STE 203

ESCONDIDO, CA 92029

 Phone: (760) 738-5533

Fax: (760) 738-3835

 After Hours Phone: (760)  
738-5533

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### FAMILY PRACTICE

#### **MATSHE, ZENZIWE**

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  
IPA: Community Care IPA LLC

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY

#### **GARA, NAVEEN**

Provider ID: 269145

Board Certified Specialty: No

661 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025

Phone: (760) 690-2800

Fax: (760) 690-2801

After Hours Phone: (760)  
690-2800

Provider Gender: Male

NPI: 1942406533

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, PALOMAR

MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### GASTROENTEROLOGY

#### **GARA, NAVEEN**

Provider ID: 305691

Board Certified Specialty: No

935 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025

Phone: (760) 690-2800

Fax: (949) 404-6908

After Hours Phone: (760)  
690-2800

Provider Gender: Male

NPI: 1942406533

Provider English Spoken: Y  
Provider Language(s)

Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, PALOMAR

MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC

### HEARING AID DEALER / SUPPLIER

#### **ANDERSON, ELAINE**

Provider ID: 268690

Board Certified Specialty: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<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: 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)	<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) Spoken: Farsi Cultural Competency: N Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory





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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## D. Specialist Provider Directory


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


---

#### **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

---

### NEONATAL / PERINATAL MEDICINE


---

#### **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

---

### 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

 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

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory

 *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: 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*

---



### 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

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

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

#### **AGHILI, ROXANA**

Provider ID: 303783

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

### PEDIATRIC EMERGENCY MEDICINE

#### **BELLOMO, THOMAS**

Provider ID: 277865

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 739-1543

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory








 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: 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

---

### 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

---

### 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

---

### PEDIATRIC EMERGENCY MEDICINE

---

#### **OZAKI, YOSHIHIRO**

Provider ID: 277902


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### 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

### 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ 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: 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

#### **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

#### **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

Medi-Cal Open Panel: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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 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


### 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


### 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

### PHYSICAL MEDICINE / REHABILITATION

#### **RICHARDSON, HENRY**

Provider ID: 295277

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory


---

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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

---


### **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

---

### **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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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  
PKWY STE 200  
ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (760) 743-4779

After Hours Phone: (760)  
743-4789

Provider Gender: Male

NPI: 1962409938

Provider English Spoken: Y  
Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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 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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

#### JIMENEZ, ANDREA

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### **ANESTHESIOLOGY**

#### **BECERRA SONGOLO, TOSHA**

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

---

### **ANESTHESIOLOGY**

#### **BRUNO, KELLY**

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

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/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: 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

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**

#### **FEJLEH, ASHLEY**

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

---

### **ANESTHESIOLOGY**

#### **FUNDINGSLAND, BRENT**

Provider ID: 280469

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

📞 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### ANESTHESIOLOGY

#### NGUYEN, QUOC SY

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

### ANESTHESIOLOGY

#### OKAMOTO, VINCENT

Provider ID: 245952

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: 1952338709

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

### ANESTHESIOLOGY

#### OSWALD, JESSICA

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

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY

#### SHAW, SUSANNA

Provider ID: 255317

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063685477

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

---

 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): **SHAPIRO, HILARY**  
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**

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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**

**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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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: 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

#### **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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### CERTIFIED NURSE PRACTITIONER

---

#### **CONNER, PAMELA**

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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **CONNOR, CAROLINE**

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

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609081710

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

---

#### **CZYPULL, MONICA**

Provider ID: 284662

Board Certified Specialty: No

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

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

---

#### **DAVIES, SUMMER**

Provider ID: 253691

Board Certified Specialty: No

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

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
IPA: UCSD Medical Group

---


### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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**


---

#### **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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER


---

#### **GOMEZ, LESLIE**

Provider ID: 299470

Board Certified Specialty: No

 9300 CAMPUS 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


---

#### **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


---

#### **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

---

### CERTIFIED NURSE PRACTITIONER

---


#### **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

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### PRACTITIONER

#### HANNA, LINDSAY

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

### CERTIFIED NURSE PRACTITIONER

#### HARKNESS, RUMIKO

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 English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### IYER, VICTORIA

Provider ID: 265624

Board Certified Specialty: No

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

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### JONES, CHRISTA

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

### CERTIFIED NURSE PRACTITIONER

#### KORMANIK, PATRICIA

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
IPA: UCSD Medical Group

---

### **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

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **MICK, SHARON**

Provider ID: 299645

Board Certified Specialty: No

 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


**CERTIFIED NURSE**  
**PRACTITIONER**


---

**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*

---

**CERTIFIED NURSE**  
**PRACTITIONER**


---

**MOHEBBI, ATHENA**

*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*

---


**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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
IPA: UCSD Medical Group

---

### 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

---

### 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

---

### 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **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*

---

### **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*

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **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*

---


### **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*









Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<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		<hr/> <b>CERTIFIED REGISTERED NURSE ANESTHETIST</b> <hr/> <b>FERRITER, STACY</b> Provider ID: 265296

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 9300 CAMPUS 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

---


### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **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

---

### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, GROSSMONT  
HOSPITAL, Los Angeles  
General Medical Center,  
TEMECULA VALLEY HOSPITAL  
INC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### BAGBY, JESSICA

Provider ID: 271138

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093161473

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### BAGBY, JESSICA

Provider ID: 271135

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (858) 249-6800

Fax: (858) 404-9226

 After Hours Phone: (858)  
249-6800

Provider Gender: Female

NPI: 1093161473

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### BARRY, JEFFREY

Provider ID: 271131

Board Certified Specialty: No

 9300 CAMPUS 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

---


#### 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

---


#### 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

---

### EMERGENCY MEDICINE


---


#### 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,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Cultural Competency: N  
Medi-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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### FAMILY PRACTICE


**CHEN, ALICE**


Provider ID: 207166

Board Certified Specialty: No

 9300 MEDICAL CENTER DR

LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### FAMILY PRACTICE


**JOLICOEUR, MEGAN**

Provider ID: 300056

Board Certified Specialty: Yes


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Medi-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: 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

Medi-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/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)




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory





*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: 275069*  
*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: 1033128376*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR, UCSD LA**  
**JOLLA JOHN SALLY**  
**THORNTON**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **HOSPITALIST MD/DO**

#### **CHILDERS, DIANA**

*Provider ID: 275070*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 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


#### 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


#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### INTERNAL MEDICINE

#### JABBOUR, MOUSSA

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

### INTERNAL MEDICINE

#### KATZ, YISRAEL

Provider ID: 272937

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: 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: 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

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### KVIATKOVSKY, MILLA

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

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory







### 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




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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

### INTERNAL MEDICINE

#### SMITH, CHELSEY

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)

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

### INTERNAL MEDICINE

#### TAYLOR, DAVID

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

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### WANG, ANGELA

Provider ID: 259536

Board Certified Specialty: No

9300 CAMPUS 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

<p><b>INTERNAL MEDICINE</b></p> <p><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</p>	<p>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</p>	<p>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><b>INTERNAL MEDICINE</b></p> <p><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</p>	<p><b>INTERNAL MEDICINE</b></p> <p><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</p>	<p><b>INTERNAL MEDICINE</b></p> <p><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</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory









### 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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 *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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*





**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*





**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*




### MATERNAL AND FETAL MEDICINE

### NEONATAL / PERINATAL MEDICINE




*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):*

**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):*

**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

**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### NEONATAL / PERINATAL MEDICINE

**HIETALATI, SAMANTHA**  
*Provider ID: 294252*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (858) 249-5800*  
*Fax: (858) 249-5839*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 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: 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

#### **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

#### **MATOBA, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---

### NEONATAL / PERINATAL MEDICINE

---


#### **MATOBA, NANA**

*Provider ID: 297977*

*Board Certified Specialty: No*

 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*

---

### NEONATAL / PERINATAL MEDICINE


---

#### **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*

---

### NEONATAL / PERINATAL MEDICINE


---

#### **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*

---

### NEONATAL / PERINATAL MEDICINE


---

#### **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*




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory



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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

*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*





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 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: 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory


 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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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**

#### **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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 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: 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

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**CALIFANO, JOSEPH**

Provider ID: 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: 299585

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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: 299580

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/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: 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,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory


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  
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: 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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 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: 299557

Board Certified Specialty: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL): *Board Certified Specialty: No*  
N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **OTOLARYNGOLOGY**


---

**HARRIS, JEFFREY**

*Provider ID: 299577*

*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: 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*

 9300 CAMPUS 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*

---

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


---


### OTOLARYNGOLOGY

#### **HOM, DAVID**

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

---


### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 299517

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: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 299513

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OTOLARYNGOLOGY

#### **HOM, DAVID**

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

---

### OTOLARYNGOLOGY

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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: 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

American Sign Language (ASL):  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---


### OTOLARYNGOLOGY

#### **NGUYEN, QUYEN**

*Provider ID: 299605*

*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

#### **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


#### **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,  
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,*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

**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

**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

NPI: 1346270816

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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  
 Min/Max Age: 0\None

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL):  9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
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,

UCSD LA JOLLA JOHN SALLY

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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




 After Hours Phone: (800)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory





---



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  
 9444 MEDICAL CENTER DR

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory








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 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  
 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: 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 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**  
**BROOME, HELEN**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 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**

#### **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**


#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

---

 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

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




#### LIN, JOYCE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

---

#### LIN, JOYCE

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):




---

### 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









Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


<p><b>PHYSICIANS ASSISTANT</b></p> <p><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</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p> 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</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><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</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>MCADAMS, JOSEPH</b>            Provider ID: 280612            Board Certified Specialty: No   9300 CAMPUS POINT DR            LA JOLLA, CA 92037</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><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</p>


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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):  
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







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

---

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Website: N/A

IPA: UCSD Medical Group

---

### **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

---

### **PSYCHOLOGIST**

---

#### **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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **PSYCHOLOGIST**

---

#### **BOUTELLE, KERRI**

Provider ID: 258988

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037

Phone: (858) 246-1654

After Hours Phone: (858)  
246-1654

Provider Gender: Male

NPI: 1780620906

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **PSYCHOLOGIST**

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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-CHESHER, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

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

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FOWLER, KATHRYN**

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

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: 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

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

**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: 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

#### **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

#### **BUNOSKY, ABIGAIL**






Provider ID: 246021  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider Gender: Female

NPI: 1477018729

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

**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


**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


**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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

Provider ID: 258372

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Hours: M-F 8AM-5PM

 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

N

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 Website: N/A  
IPA: UCSD Medical Group


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: UCSD Medical Group

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **AL-NOURI, OMAR**

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): IPA: UCSD Medical Group

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **ARMANI, AVA**

Provider ID: 282142

Board Certified Specialty: No

3855 HEALTH SCIENCES

DR

LA JOLLA, CA 92093

Phone: (858) 822-6100

After Hours Phone: (858)  
822-6100

Provider Gender: Female

NPI: 1861759383

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: 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**

#### **CLARY, BRYAN**

Provider ID: 202568

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: 1982787131

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **HORGAN, SANTIAGO**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 272304

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **SURGERY GENERAL**


#### **JACOBSEN, GARTH**

Provider ID: 201728

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 471-0755

 After Hours Phone: (619)  
471-0755

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


---

### **SURGERY GENERAL**

#### **SANTORELLI, JARRETT**

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

---

### **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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

---

### SURGERY GENERAL

#### VASCULAR


---

**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

---

### SURGERY GENERAL

---


#### VASCULAR


---

**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

---


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max 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): **BEN-HAIM, SHARONA**

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

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---


### **SURGERY NEUROLOGICAL**


#### **OSORIO, JOSEPH**

*Provider ID: 242006*

*Board Certified Specialty: No*

 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*






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.







## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

*Provider ID: 284787*  
*Board Certified Specialty: No*  
 *9300 CAMPUS 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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.









## D. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### SURGERY ORTHOPEDIC

#### **GOEB, YANNICK**

*Provider ID: 284792*  
*Board Certified Specialty: No*  
 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY ORTHOPEDIC

#### **SULLIVAN, THOMAS**

Provider ID: 285245

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


**PROVIDER**  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 Website: N/A  
IPA: BLUE SHIELD PROMISE  
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):  
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**


#### **RESTELLI, 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**


#### **RESTELLI, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<b>HEARING AID DEALER / SUPPLIER</b>		
<b>ANDERSON, ELAINE</b> 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	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	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
<b>HEMATOLOGY / ONCOLOGY</b> <b>BATRA, REEMA</b> 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	<b>HEMATOLOGY / ONCOLOGY</b> <b>BATRA, REEMA</b> 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:	<b>HEMATOLOGY / ONCOLOGY</b> <b>MEDIC, IGOR</b> 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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 *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, 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*




### 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*

### 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

NPI: 1275514986

 Provider English Spoken: Y  
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


### 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):

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

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

### MATERNAL AND FETAL MEDICINE

#### REIMERS, REBECCA

Provider ID: 294654

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: 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: 294656

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

### MATERNAL AND FETAL MEDICINE

#### RICHARDSON, ALVIE

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital,  
 GROSSMONT HOSPITAL,  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## D. Specialist Provider Directory

### PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: 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  
Min/Max Age: 0\None  
American Sign 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Min/Max Age: 0\None

N

 Accessibility: CONTACT PROVIDER

 Hours: M 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

#### 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

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: 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider ID: 302380

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: 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








Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *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: 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*

### PEDIATRIC EMERGENCY MEDICINE

#### **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*

### PEDIATRIC EMERGENCY MEDICINE

#### **PARKER, SHERINE**


*Provider ID: 205786*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

*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: 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.











## D. Specialist Provider Directory

Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, GROSSMONT  
 HOSPITAL, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-6PM  
 SA 11:30AM-3:30PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT

### **PHYSICIANS ASSISTANT**






#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

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  
 5555 GROSSMONT




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

CENTER DR BLDG 3 STE  
101  
LA MESA, CA 91942  
 Phone: (619) 464-3353  
 Fax: (619) 464-7509  
 After Hours Phone: (619)  
464-3353  
 Provider Gender: Male  
 NPI: 1922768860  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
IPA: Community Care IPA LLC


### **RADIATION ONCOLOGY**

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

#### **VENKATESH, VIJAY**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Min/Max 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### 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

##### FULKES, 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

##### FULKES, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### CHIROPRACTOR

#### MCCOWN, BARRY

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

### CHIROPRACTOR

#### MCCOWN, BARRY

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  
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

### PSYCHOLOGIST

#### BRUNETTO, HEIDI

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


### LANCASTER

#### CERTIFIED NURSE PRACTITIONER

#### JONES, TYESHIA


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

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### LOS ANGELES

#### CERTIFIED NURSE PRACTITIONER

##### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### MORENO VALLEY

#### OPTOMETRIST

##### BULLUM, ANTHONY

Provider ID: 290330

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

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

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

### 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

#### 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER


---

#### HEAD, KRISTIN

Provider ID: 268658

Board Certified Specialty: No

 25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### CERTIFIED NURSE PRACTITIONER


---

#### 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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N








 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**STEVENSON, REHEIA**  
 Provider ID: 210794  
 Board Certified Specialty: No  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### CHEN, KENNETH

Provider ID: 283132

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## D. Specialist Provider Directory

American Sign Language (ASL): American Sign Language (ASL):








**N**  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

**N**  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group









### 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

### 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: 296988  
 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


Medi-Cal Open Panel: Yes

Min/Max 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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### NEUROLOGY

#### SAHAGIAN, MICHELLE


Provider ID: 283166

Board Certified Specialty: No

 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): Network

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Phone: (951) 600-1640  
 After Hours Phone: (951) 600-1640

Provider Gender: Female  
 NPI: 1174870067


 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, CHILDRENS  
 HOSPITAL OF ORANGE  
 COUNTY, RADY CHILDRENS  
 HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---

### **OPHTHALMOLOGY**


---

#### **HENNEIN, LAUREN**

*Provider ID: 297010*

*Board Certified Specialty: No*

 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*

---

### **OPHTHALMOLOGY**


---


#### **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*

---

### **OPHTHALMOLOGY**


---


#### **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*

---

### **OPHTHALMOLOGY**


---


#### **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:*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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


### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

 *Provider Language(s)*  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


### OTOLARYNGOLOGY


#### **KARI, ELINA**

*Provider ID: 254089*

*Board Certified Specialty: No*

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 *Phone: (951) 600-1640*

 *After Hours Phone: (951)  
600-1640*

*Provider Gender: Female*

*NPI: 1780860536*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

*CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH*

*HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS*


*HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health*

*Network, UCSD Medical Group*


### OTOLARYNGOLOGY


#### **KARI, ELINA**

*Provider ID: 254296*

*Board Certified Specialty: No*

 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

#### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **COLLINS, CATHLEEN**

Provider ID: 215733

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC CARDIOLOGY


#### **MCCANDLESS, RACHEL**

Provider ID: 215601

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---


### PEDIATRIC CARDIOLOGY


#### **WILLIAMS, MATTHEW**

Provider ID: 215678

Board Certified Specialty: No

 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

---


### PEDIATRIC EMERGENCY MEDICINE


#### **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

---

### PEDIATRIC EMERGENCY MEDICINE

#### **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

---


### PEDIATRIC EMERGENCY MEDICINE

#### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 *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

#### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### PEDIATRIC EMERGENCY MEDICINE

---


#### **MILLS, DAVID**

Provider ID: 302147

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: 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

---


#### **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

---

### PEDIATRIC EMERGENCY MEDICINE

---


#### **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

---


### PEDIATRIC EMERGENCY MEDICINE

---


#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### PEDIATRIC EMERGENCY MEDICINE

---


**SCHROTER, STEPHANIE**


Provider ID: 243831

Board Certified Specialty: No

 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

---

### 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

---

### PEDIATRIC EMERGENCY MEDICINE


---

**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

---

### PEDIATRIC EMERGENCY MEDICINE

---


**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory


 **Provider Language(s)**

Spoken: Hindi, Urdu  
Cultural Competency: N  
Hospital Affiliation:  
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**

**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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider ID: 301640  
 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: 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









Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
 IPA: Rady Childrens Health Network








### PEDIATRICS

#### **NGO, MAI**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### PHYSICAL MEDICINE / REHABILITATION


---

#### **BIFFL, SUSAN**


Provider ID: 283113

Board Certified Specialty: No

 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

---

### PHYSICAL MEDICINE / REHABILITATION


---

#### **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

---

### PHYSICAL MEDICINE / REHABILITATION


---

#### **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

---

### PHYSICAL MEDICINE / REHABILITATION


---

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 *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: 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

---

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **PULMONARY DISEASES**

#### **SURI, RAJAT**

Provider ID: 283350

Board Certified Specialty: No

 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): **FAIRBANKS, TIMOTHY**

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


---


### **SURGERY CRITICAL CARE**


#### **WEAVER, JESSICA**

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


---


### **SURGERY GENERAL**

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

NPI: 1407010556

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

SHARP MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF


CHILDREN'S HOSPITAL


OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### **SURGERY GENERAL**

#### **KLING, KAREN**




Provider ID: 215583




Board Certified Specialty: No

 25170 HANCOCK AVE




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory

MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Female  
 NPI: 1982775144  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):





N  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

---

### **SURGERY PEDIATRIC**


---


#### **THANGARAJAH, HARIHARAN**

*Provider ID: 215420*

*Board Certified Specialty: No*

 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### NATIONAL CITY


#### CERTIFIED NURSE PRACTITIONER

##### CUNNINGHAM, ISIS


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


#### CERTIFIED NURSE PRACTITIONER

##### DE CASTRO, SHARLENE

Provider ID: 299158

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

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


#### CERTIFIED NURSE PRACTITIONER

##### DRISCOLL, SUSAN

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

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

##### DRISCOLL, SUSAN


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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL): **LIM, IMELDA**

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


---

**GULLY, MICHELLE**

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-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---


### CERTIFIED NURSE PRACTITIONER

---

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

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

---

### CERTIFIED NURSE PRACTITIONER


---

**MIDORO, ABEGAILLE**

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

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

 Website: N/A

IPA: Community Care IPA LLC

---

### CERTIFIED NURSE PRACTITIONER


---

**MIDORO, ABEGAILLE**

Provider ID: 303827

Board Certified Specialty: No

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

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

 Website: N/A

IPA: Community Care IPA LLC


### CERTIFIED NURSE PRACTITIONER

#### **NOVENO, HILARIO**

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


### CHIROPRACTOR

#### **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


### FAMILY PRACTICE

#### **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


### FAMILY PRACTICE

#### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **ROBERTS, POMAI**

Provider ID: 301278

Board Certified Specialty: No

 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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.







## D. Specialist Provider Directory

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

*SPECIALTY HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 21\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


### **OBSTETRICS / GYNECOLOGY**

#### **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): HEALTH PLAN DIRECT,*

*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*

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **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

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

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):

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




American Sign Language (ASL):  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




---


### 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 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC


 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None




---

### PODIATRIST

#### ATMAR, AKMAL

Provider ID: 269784  
 Board Certified Specialty: No




 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
 F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

---


### REGISTERED PHYSICAL THERAPIST

#### **NGUYEN, TIA**

Provider ID: 305011

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

Fax: (619) 695-0050

 After Hours Phone: (619)  
 482-3000

Provider Gender: Female

NPI: 1457136269

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
 F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

---


### REGISTERED PHYSICAL THERAPIST

#### **NOVENCIDO, ANDREW**

Provider ID: 286784

Board Certified Specialty: No

 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):

 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: 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):

 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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

#### 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

---


### CERTIFIED NURSE PRACTITIONER

**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

---


### 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):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
W 8AM-7PM

TH-F 8AM-5PM

SA 9AM-6PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### CERTIFIED NURSE PRACTITIONER

**BINETTE, DONYA**

Provider ID: 303861

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1427325166

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### CERTIFIED NURSE PRACTITIONER

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

Min/Max Age: 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

**CHILAKA, SAMUEL**

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

### CERTIFIED NURSE


### PRACTITIONER

**CHILAKA, SAMUEL**

Provider ID: 301315

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: 1679140644

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE


#### PRACTITIONER

**CHILAKA, SAMUEL**

Provider ID: 301313

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

 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

**CHIRIBOGA, MEGAN ELISE**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory



 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER



---

**CHOI, JI**

Provider ID: 299765  
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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

NPI: 1578220612

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **GENOVESE, KELLY**

Provider ID: 301304

Board Certified Specialty: No

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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


NPI: 1699078923


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### **CERTIFIED NURSE PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302299

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: 1013668680

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302300

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302298

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**HERNANDEZ, JESSICA**

Provider ID: 304494

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER


**KELLEHER, BRIDGET**

Provider ID: 298084

Board Certified Specialty: No


 4700 N RIVER RD  
OCEANSIDE, CA 92057

 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: 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

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 12\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

**RAYTA, NICOLE**  
 Provider ID: 304682  
 Board Certified Specialty: No  
 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

 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

---

### 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

Network

---

### 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

Network

---

### 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): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **WINDHAM, SUZONNE**

Provider ID: 303841

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 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








Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




<hr/> <b>CERTIFIED REGISTERED NURSE MIDWIFE</b> <hr/> <b>KELLY, KATHERINE</b> 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) 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	<hr/> <b>CERTIFIED REGISTERED NURSE MIDWIFE</b> <hr/> <b>SCHROEDER, MARY</b> 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 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	<hr/> <b>CERTIFIED REGISTERED NURSE MIDWIFE</b> <hr/> <b>PERLMAN, TAMARA</b> Provider ID: 290733 Board Certified Specialty: No 2210 MESA DR STE 5 OCEANSIDE, CA 92054 Phone: (760) 757-5841	<hr/> <b>CERTIFIED REGISTERED NURSE MIDWIFE</b> <hr/> <b>JU, NATHANIEL</b> Provider ID: 290221 Board Certified Specialty: No 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
<hr/> <b>CERTIFIED REGISTERED NURSE MIDWIFE</b> <hr/> <b>ANDREWS, BRAD</b> 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	<hr/> <b>CERTIFIED REGISTERED NURSE MIDWIFE</b> <hr/> <b>ANDREWS, BRAD</b> 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	<hr/> <b>CHIROPRACTOR</b> <hr/> <b>JU, NATHANIEL</b> Provider ID: 290221 Board Certified Specialty: No	<hr/> <b>CHIROPRACTOR</b> <hr/> <b>JU, NATHANIEL</b> Provider ID: 290221 Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory



 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  
 Cultural 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




 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)  
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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: KERN*  
**MEDICAL CENTER**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 14\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
*SA 8AM-4:30PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*






### **FAMILY PRACTICE**

**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*







### **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*

### **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*




### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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



---




### 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>
<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p>	<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p>	<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p>
<p><b>SCHWENDEMANN, WADE</b>            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</p>	<p><b>WESTERMANN, MELISSA</b>            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</p>	<p><b>WILLIAMS, KRISTIN</b>            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,</p>




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**






#### **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

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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**

#### **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):

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

### 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  
 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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPTOMETRIST

#### **GEE, JENNIFER**

Provider ID: 290927

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC


MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPTOMETRIST

#### **KIM, MICHAEL**

Provider ID: 290902

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST


#### **KIM, MICHAEL**

Provider ID: 290904

Board Certified Specialty: No

 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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### OPTOMETRIST


---

#### MORA, WENDY

Provider ID: 290237

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---


### OPTOMETRIST

---

#### RING, ROBERT

Provider ID: 269380

Board Certified Specialty: No  
 3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056

 Phone: (760) 726-9383

Fax: (760) 726-9897

 After Hours Phone: (760)  
726-9383

Provider Gender: Male

NPI: 1336228840

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 10AM-7PM  
TU-TH 9AM-5PM  
F 9AM-0PM

 Website: N/A

IPA: Community Care IPA LLC

---

### OPTOMETRIST


---

#### TAM, EMILY

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

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### OPTOMETRIST


---

#### TAM, EMILY

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

American Sign 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: 304887

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: 0\None

American Sign 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **CHOO, SUN**

Provider ID: 296537

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **PARKER, SHERINE**

Provider ID: 205787

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


### PEDIATRIC EMERGENCY MEDICINE

#### **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


### PEDIATRIC EMERGENCY MEDICINE

#### **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


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1548987985

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): 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): N

♿ Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

**PROVIDER**  
Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM  
Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**WANG, EMILY**  
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

### PEDIATRIC GASTROENTEROLOGY

**CHU, CHRISTOPHER**  
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

### PEDIATRIC PULMONOLOGY

**LENHART-PENDERGRASS, PATRICIA**  
Provider ID: 294643  
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: 1144615659  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health Network

### PHYSICAL MEDICINE / REHABILITATION

**RICHARDSON, HENRY**  
Provider ID: 295852  
Board Certified Specialty: No  
3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Phone: (760) 607-5350  
Fax: (760) 607-5365


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1205381845

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL


HOSPITAL


Medi-Cal Open Panel: No


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

---

### PHYSICIANS ASSISTANT


---

#### 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


### PSYCHOLOGIST

#### **KRAPES, MICHAEL**

*Provider ID: 290097*  
*Board Certified Specialty: No*  
 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

IPA: IHP of Southern Cal-PHP

### **SURGERY ORTHOPEDIC**

#### **CIDAMBI, EMILY**

Provider ID: 246469

Board Certified Specialty: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### SURGERY PEDIATRIC

#### **KLING, KAREN**

*Provider ID: 206129*

*Board Certified Specialty: No*

 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## D. Specialist Provider Directory




 After Hours Phone: (760) 736-7676  
 Provider Gender: Female  
 NPI: 1801522859  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-4:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### POWAY

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.


## D. Specialist Provider Directory

---

 15611 POMERADO RD STE 400  
POWAY, CA 92064  
 Phone: (858) 675-3200  
 Fax: (858) 673-1587  
 After Hours Phone: (858) 675-3200  
Provider Gender: Female  
NPI: 1811400708

 Provider English Spoken: Y  
Cultural Competency: N

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

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER*

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

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC*

---


### INTERNAL MEDICINE

#### **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*

*Board Certified Specialty: No*

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




---


400  
POWAY, CA 92064  
 Phone: (858) 592-2696  
Fax: (760) 743-8837  
 After Hours Phone: (858)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, PALOMAR  
MEDICAL CENTER, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-1PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### LOZIER, JEFFREY

Provider ID: 270187

Board Certified Specialty: Yes

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 After Hours Phone: (858) 485-1494

Provider Gender: Female

NPI: 1083954671

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

SADDLEBACK MEMORIAL

MED CTR, PALOMAR HEALTH,

PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 15725 POMERADO RD STE 117

POWAY, CA 92064


 Phone: (858) 312-1717


Fax: (858) 435-0207

 After Hours Phone: (858) 312-1717

Provider Gender: Female

NPI: 1750534715

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hindi, Kannada, Telugu

Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PALOMAR HEALTH, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


### SURGERY GENERAL

#### **GROVE, JAY**

Provider ID: 305851

Board Certified Specialty: No

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## D. Specialist Provider Directory




*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**

#### **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*  
*IPA: Community Care IPA LLC*

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

NPI: 1245885912

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **NJIE, EMADE**

Provider ID: 298710

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


NPI: 1144589979

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **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): Provider ID: 300068

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**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory




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**







#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: UCSD Medical Group

---

### ANESTHESIOLOGY

---

#### NGUYEN, QUOC SY

Provider ID: 242188

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<p><b>ANESTHESIOLOGY</b></p> <p><b>SREJIC, UNA</b>            Provider ID: 206383            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: 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</p>	<p>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</p>	<p>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</p>
<p><b>ANESTHESIOLOGY</b></p> <p><b>SUYDAM, STEVEN</b>            Provider ID: 286569            Board Certified Specialty: No   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273</p>	<p><b>ANESTHESIOLOGY</b></p> <p><b>TRIVEDI, SURAJ</b></p>	<p><b>ANESTHESIOLOGY</b></p> <p><b>TSUDA, PAIGE</b>            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</p>




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/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: 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


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY CRITICAL CARE MEDICINE**

---

#### **KRAUSE, MARTIN**

Provider ID: 280539

Board Certified Specialty: No

 200 W 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

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,





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

LOS ANGELES COUNTY  
HARBOR UCLA MEDICAL  
CENTER, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):








N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

**CASTELLANOS, LUIS**  
 Provider ID: 211764  
 Board Certified Specialty: No  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

---

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1851561021

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CARDIOVASCULAR DISEASE**

#### **PHREANER, NICHOLAS**


Provider ID: 239946

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**

*Provider ID: 277968*

*Board Certified Specialty: No*

 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*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**

*Provider ID: 304137*

*Board Certified Specialty: No*

 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*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **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*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **CERTIFIED ACUPUNCTURIST**

**CRAFT, KEVIN**








*Provider ID: 290942*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
Provider Gender: Male  
NPI: 1659745610  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**





#### **JULIAN, FIDES**




Provider ID: 304131  
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: 1407401128  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**









#### **JULIAN, FIDES**

Provider ID: 277700  
Board Certified Specialty: No  
 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1407401128  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 277699

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: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304132

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **LAM, KHANH**

Provider ID: 295380

Board Certified Specialty: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

8:30AM-5:30PM

W 10AM-7PM

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

 Website: N/A

IPA: Community Care IPA LLC

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Board Certified Specialty: No

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (858) 534-8019

After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1699184259

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273


Provider Gender: Female  
 NPI: 1851749253

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes  
 Min/Max 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


---

#### **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

---

### 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

---

### CERTIFIED NURSE PRACTITIONER


---

#### **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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **CAMARGO-LOWTHERS, ANGELICA**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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

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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### CERTIFIED NURSE PRACTITIONER

---

#### **CHAVEZ, ALEXANDRIA**

Provider ID: 243357

Board Certified Specialty: No

📍 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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **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

---

### CERTIFIED NURSE PRACTITIONER

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### COLEMAN, PAGE

Provider ID: 304288

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: 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

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


### 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)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### **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**

---

### **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)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 After Hours Phone: (800) 926-8273

Provider Gender: Female


NPI: 1639638968

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED NURSE PRACTITIONER

#### **DOAN, ANGELA**

Provider ID: 291426

Board Certified Specialty: No

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

Provider Gender: Female

NPI: 1639638968


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

#### **DRISCOLL, KARRIE**

Provider ID: 286345

Board Certified Specialty: No

 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


---


### CERTIFIED NURSE PRACTITIONER

#### **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

---


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign 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**

---


#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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**


---


#### **FISHER, SLOANE**

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

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **GARTH, MELISSA**

Provider ID: 274053

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: 1689232977

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **GIORGI, ASHLEY**

Provider ID: 304877

Board Certified Specialty: No

 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

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**


---

#### **GOMEZ, LESLIE**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **GOMEZ, LESLIE**

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

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **GOMEZ, LESLIE**

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

---


### **CERTIFIED NURSE PRACTITIONER**

---


#### **GUADARRAMA, IGNACIO**

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

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **HA, THU**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

**PROVIDER**  
 Website: N/A  
IPA: IHP of Southern Cal-PHP



---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HA, THU**

Provider ID: 293261  
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: 1346443983  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

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

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: IHP of Southern Cal-PHP



---

**CERTIFIED NURSE**  
**PRACTITIONER**



---

**HARKNESS, RUMIKO**

Provider ID: 208841  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103



 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1487785093

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese

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

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---




**HAROUGH, GAL**

Provider ID: 302475  
 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

---


**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

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**HEAD, KRISTIN**

Provider ID: 268656  
Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484  
Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **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

---

### **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

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **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**

---

#### **HOOPER, BONNIE**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

---

**CERTIFIED NURSE  
PRACTITIONER**


---

**INSTONE, SUSAN**

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

---

**CERTIFIED NURSE  
PRACTITIONER**

---

**JONES, CHRISTA**

Provider ID: 275563

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: 1396371431

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED NURSE  
PRACTITIONER**


---

**KEMP, KATHRINE**

Provider ID: 301276

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405

Fax: (619) 687-1067

 After Hours Phone: (619)  
645-6405

Provider Gender: Female

NPI: 1316615313

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

**CERTIFIED NURSE  
PRACTITIONER**


---

**KI, TRISH**


Provider ID: 293293

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **KI, TRISH**

Provider ID: 293294

Board Certified Specialty: No


 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

---

### **CERTIFIED NURSE**

---

---

### **PRACTITIONER**


---

#### **KIDANE, ZINNIA**

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)  
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

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **KIDANE, ZINNIA**

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **KLEMENCIC, TAHNEE**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




 Website: N/A  
IPA: Rady Childrens Health Network

---

### **CERTIFIED NURSE PRACTITIONER**




---

#### **LAFORTEZA, JOZELLE**

Provider ID: 202666  
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: 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

---


### **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



---


### **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  
 After Hours Phone: (619) 297-4707

Provider Gender: Female  
NPI: 1457670119

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

#### CERTIFIED NURSE PRACTITIONER

### 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

#### CERTIFIED NURSE PRACTITIONER

### 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

#### CERTIFIED NURSE PRACTITIONER

### 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

#### CERTIFIED NURSE PRACTITIONER

### MEDINA, RUBELETA

Provider ID: 296673

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 1881153963

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE PRACTITIONER**

---

**MENDOZA, GRETEL MARIE**

Provider ID: 303202

Board Certified Specialty: No

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

---

### **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

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**MICK, SHARON**

Provider ID: 299647

Board Certified Specialty: No

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory





 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1891061966  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---



**MIDORO, ABEGAILLE**  
Provider ID: 303828  
Board Certified Specialty: No  
 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131  
 Phone: (844) 200-2426  
Fax: (858) 536-8034  
 After Hours Phone: (844)  
200-2426  
Provider Gender: Female  
NPI: 1952925851  
 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM  
 Website: N/A  
IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE PRACTITIONER**

---

**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

---

### **CERTIFIED NURSE PRACTITIONER**

---

**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**

---


**MOHEBBI, ATHENA**  
Provider ID: 201325  
Board Certified Specialty: No


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 4520 EXECUTIVE DR STE P2


SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1952627176

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

---


#### MORAN, TIFFANY

Provider ID: 304275

Board Certified Specialty: No

 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

---

### 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**NETZEL, JENNIFER**

*Provider ID: 291346*  
*Board Certified Specialty: No*  
 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*

---

**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*


---

**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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER



---

#### O'CONNELL, STEFANY

Provider ID: 296846  
Board Certified Specialty: No  
 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: 1386378479

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

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER


---

#### OREJEL, EDITH


Provider ID: 296716

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1073278180


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

W 8:30AM-5:30PM

TH 5:30PM-8:30PM

F 8:30AM-5:30PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER


---

#### OREJEL, EDITH

Provider ID: 296715

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1073278180


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

W 8:30AM-5:30PM

TH 5:30PM-8:30PM

F 8:30AM-5:30PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

---


#### ORPILLA, IMELDA

Provider ID: 282962

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: 1790785988

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

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

 Website: N/A

IPA: Community Care IPA LLC

---


### 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

---

### 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

---

### 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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**

---

#### **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

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max 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

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

---

### ROSS, CRYSTAL

Provider ID: 287763

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: 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

---

### 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

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### SABIN, NANCY

Provider ID: 293287

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

NPI: 1619370475


 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: 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

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: 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

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: 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

---


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER


---


**SELBY, BLAKE**

Provider ID: 256646

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

---


**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

---

### CERTIFIED NURSE

---



---

### PRACTITIONER

---


**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

---

### CERTIFIED NURSE PRACTITIONER

---


**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## D. Specialist Provider Directory

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  
 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory








*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




**TOPPEN, LAURA**  
*Provider ID: 215477*  
*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: 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*

### CERTIFIED NURSE




### PRACTITIONER

**TURNER, ELIZABETH**  
*Provider ID: 255601*  
*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: 1326570045*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max 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

**VIBAL-POASTER, MARIA**  
*Provider ID: 205651*  
*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: 1376046680*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### CERTIFIED NURSE PRACTITIONER

**VILLALOBOS, REBECA**  
*Provider ID: 294770*  
*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*  
*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory

### PROVIDER


 Website: N/A  
IPA: Family Health Centers of San Diego


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**YEO, ALEXANDRIA**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory

SAN DIEGO, CA 92114  
 Phone: (619) 564-8249  
 After Hours Phone: (619) 564-8249  
Provider Gender: Male  
NPI: 1750366928  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: Imperial Health Holdings Medical Group-SD

---

### **CERTIFIED REGISTERED** **NURSE ANESTHETIST**

---




**BAYLIS, CHRISTOPHER**  
Provider ID: 240763  
Board Certified Specialty: No  
 200 W 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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---




### **CERTIFIED REGISTERED NURSE ANESTHETIST**

---

#### **DOLLAND, STEVEN**

Provider ID: 280552  
Board Certified Specialty: No  
 200 W 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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 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

---

### **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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

**CHOI, NATHALIE**

Provider ID: 301714

Board Certified Specialty: No

 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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**


---


#### **GOODWIN, RACHEL**

Provider ID: 210019

Board Certified Specialty: No


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**


---


#### **GREAR MANN, MELISSA**

Provider ID: 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

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**


---


#### **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

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---


#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <p><b>HIRSCH, JENNIFER</b>            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</p>	<p>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</p>	<p> Website: N/A            IPA: UCSD Medical Group</p> <p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <p><b>NATHAN, CARLY</b>            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            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>
<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <p><b>HIRSCH, JENNIFER</b>            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</p>	<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <p><b>HIRSCH, JENNIFER</b>            Provider ID: 210058            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: 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</p>	<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <p><b>NATHAN, CARLY</b>            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)</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

---

### **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): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD

---

### **CHIROPRACTOR**

---


**BUI, MAI**  
Provider ID: 125052  
Board Certified Specialty: No  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

---


### 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

---


#### CASTRO, DAVID

Provider ID: 293322

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: 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

---

#### GILIBERTO, JOSEPH


Provider ID: 291546

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN

RD STE D

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### CHIROPRACTOR

---


#### GILIBERTO, JOSEPH

Provider ID: 291547

Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


---


### **CHIROPRACTOR**

#### **LUU, DANIEL**

Provider ID: 269883

Board Certified Specialty: No

 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: 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

---


### **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

---


### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


REGIONAL MEDICAL CENTER Medical Group-SD

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### DERMATOLOGY

#### 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


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

NPI: 1659654598

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

PROVIDENCE SAINT JOHNS  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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):


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*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: 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

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  
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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/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




Medi-Cal Open Panel: Yes  
Min/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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

543-6400  
Provider Gender: Male  
NPI: 1770979890  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**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

### 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

### 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider Gender: Male  
 NPI: 1598295925  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, TRI CITY MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**LIOTTA, BENJAMIN**  
 Provider ID: 285630  
 Board Certified Specialty: No  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **EMERGENCY MEDICINE**

#### **NOSTE, ERIN**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

### PROVIDER



 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### EMERGENCY MEDICINE

#### PHAM, LILY

Provider ID: 304937  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800


Provider Gender: Female  
NPI: 1811423072

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Website: N/A  
IPA: Rady Childrens Health  
Network

### EMERGENCY MEDICINE

#### RUDOLF, FRANCES



Provider ID: 240159  
Board Certified Specialty: No  
 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

### 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

### 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---




### **EMERGENCY MEDICINE**

---

#### **TANAKA, HIDEAKI**

*Provider ID: 240124*  
*Board Certified Specialty: No*  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory


 *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

#### **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

#### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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: 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):

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL): Provider ID: 256091

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### ENDOCRINOLOGY

### METABOLISM DIABETES

**NAGELBERG, JODI**

Provider ID: 287782

Board Certified Specialty: No

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141

Provider English Spoken: Y  
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

**SANTOS CAVAIOLA, TRICIA**

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: 1518163799

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### ENDOCRINOLOGY

### METABOLISM DIABETES

**TANTISIRA, LALITA**

Provider ID: 286323

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508874298

Provider English Spoken: Y

Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### ENDOCRINOLOGY

### METABOLISM DIABETES

**VALDEZ, KRYSTAL**

Provider ID: 299743

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,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

PARADISE VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\100  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### VALDEZ, KRYSTAL

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1497821318


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A


IPA: IHP of Southern Cal-PHP


### **FAMILY PRACTICE**

**BERNADETT, ALEX**

Provider ID: 296740

Board Certified Specialty: No

 10505 SORRENTO VALLEY RD STE 200  
SAN DIEGO, CA 92121

 Phone: (858) 793-7860

Fax: (858) 436-1289

 After Hours Phone: (858) 793-7860

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **FAMILY PRACTICE**

**BERNADETT, ALEX**

Provider ID: 296739

Board Certified Specialty: No

 6699 ALVARADO RD STE 2100  
SAN DIEGO, CA 92120

 Phone: (619) 229-3909

Fax: (619) 229-3902

 After Hours Phone: (619) 229-3909

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **FAMILY PRACTICE**

**CAMPBELL, BRIANNA**

Provider ID: 298950

Board Certified Specialty: No

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory



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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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**

#### **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

🌐 Website: N/A

IPA: UCSD Medical Group

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**

---

#### **KUROSAKA, 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**

---

#### **KUROSAKA, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **FAMILY PRACTICE**

#### **SCOTT, LAGINA**

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

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

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

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **VAN PRATT LEVIN, BENJAMIN**

Provider ID: 302531

Board Certified Specialty: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **VO, PHU LUONG**

Provider ID: 303332

Board Certified Specialty: No

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

### **FAMILY PRACTICE GERIATRIC**

#### **MEDICINE**

#### **MILLER, SCOTT**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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: 304187

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: 1861626814

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### **GASTROENTEROLOGY**

#### **ANAND, GOBIND**

Provider ID: 272837

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (619) 543-2347

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Fax: (858) 657-7259

☎ After Hours Phone: (619) 543-2347

Provider Gender: Male

NPI: 1861626814

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **GASTROENTEROLOGY**

#### **BAUMAN, LAURA**

Provider ID: 260041

Board Certified Specialty: No

📍 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

---

### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 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


#### **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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory





---




 *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*

---



### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### GENETICS MEDICAL

#### **DEL CAMPO CASANELLES, MIGUEL**

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

### GENETICS MEDICAL

#### **MARDACH, REBECCA**

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

### GENETICS MEDICAL

#### **MARDACH, REBECCA**

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

### HEARING AID DEALER / SUPPLIER

#### **ANDERSON, ELAINE**

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

---


#### 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: 268653

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

 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): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC

---

### HEARING AID DEALER / SUPPLIER

---


#### DAVIS, KELLE

Provider ID: 268653

Board Certified Specialty: No

 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): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC

---

### HEMATOLOGY / ONCOLOGY

---

#### CHEN, YU-WEI

Provider ID: 303059

Board Certified Specialty: No

 200 W 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): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### HEMATOLOGY / ONCOLOGY

---

#### LEE, KAREN

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
IPA: UCSD Medical Group

---

### **HOSPICE AND PALLIATIVE MEDICINE**


---

#### **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

---

### **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

---

### **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

---

### **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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### HOSPITALIST MD/DO


---

#### HAMMOND, CHARLES

*Provider ID: 278588*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1033641816*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### HOSPITALIST MD/DO

---

#### SHINDO, YURI

*Provider ID: 284743*

*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: 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

---

#### TONG, ALEXANDER

*Provider ID: 300045*

*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: 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


---

#### ALDOUS, JEANNETTE

*Provider ID: 290420*

*Board Certified Specialty: No*

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

*Fax: (619) 205-6384*

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

*Provider Gender: Female*

*NPI: 1073650339*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL): Provider ID: 258330

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### INFECTIOUS DISEASE


---

#### 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

---


### INFECTIOUS DISEASE


---

#### 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


---


#### 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

---

### INFECTIOUS DISEASE


---

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 277226

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max 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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### **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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

#### 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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, ULADZISLAU

Provider ID: 290567


Board Certified Specialty: No

7930 FROST ST STE 405  
SAN DIEGO, CA 92123

Phone: (858) 237-0572


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 283027



Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273


Provider Gender: Female  
 NPI: 1346636453

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---



### INTERNAL MEDICINE

#### **YANG, JENNY**

Provider ID: 283026


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: 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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


American Sign Language (ASL):  Accessibility: CONTACT PROVIDER

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

 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

### 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

IPA: UCSD Medical Group

---

### INTERNAL MEDICINE

---




---

### CRITICAL CARE MEDICINE



---

#### **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


---


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

---

#### **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

---


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

---

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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,






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




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: 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 15\99

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---

### LICENSED PROFESSIONAL CLINICAL COUNSELOR


---

**GARCIA, JENNI**


Provider ID: 299310

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


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: 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: 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **MCCULLOUGH, DEIRDRE**

Provider ID: 277260

Board Certified Specialty: No

 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

#### **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

#### **MELBER, DORA**

Provider ID: 296994

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

Provider ID: 296990

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: 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: 296998

Board Certified Specialty: No

7910 FROST ST STE 220  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

Provider ID: 296989

Board Certified Specialty: No

7910 FROST ST STE 430  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### MOORE, THOMAS

Provider ID: 208644

Board Certified Specialty: No

4910 DIRECTORS PL STE  
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273





After Hours Phone: (800)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory



926-8273  
 Provider Gender: Male  
 NPI: 1184682379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group




### MATERNAL AND FETAL MEDICINE

**MOORE, THOMAS**  
 Provider ID: 208643  
 Board Certified Specialty: No  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1184682379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None








American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**REIMERS, REBECCA**  
 Provider ID: 294648  
 Board Certified Specialty: No  
 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

**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

**RICHARDSON, ALVIE**  
 Provider ID: 214436  
 Board Certified Specialty: No  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **RICHARDSON, ALVIE**

Provider ID: 277314

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: 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: 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  
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: 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




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: 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,  
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,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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: 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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Medi-Cal Open Panel: Yes

Min/Max 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: 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

---

### 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

---

### 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

---

### NEONATAL / PERINATAL MEDICINE


---

#### **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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Provider Gender: Female

NPI: 1245617489

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### NEONATAL / PERINATAL MEDICINE


---


#### **HONOLD, JOSE**

Provider ID: 242881

Board Certified Specialty: No

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 691-7000

 After Hours Phone: (619)  
691-7000

Provider Gender: Male

NPI: 1093886855

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS MEMORIAL

HOSPITAL, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, EL CENTRO

REGIONAL MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### NEONATAL / PERINATAL MEDICINE


---

#### **HONOLD, JOSE**

Provider ID: 205941

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Male

NPI: 1093886855

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE INLAND

VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, EL CENTRO

REGIONAL MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### NEONATAL / PERINATAL MEDICINE


---

#### **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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

**MARC AURELE, KRISHELLE**  
 Provider ID: 206208  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5818

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

☎ 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

#### MATOBA, 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

#### MATOBA, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### NEONATAL / PERINATAL MEDICINE


---

#### **MATOBA, NANA**

Provider ID: 297975

Board Certified Specialty: No

 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

---

### NEONATAL / PERINATAL MEDICINE


---

#### **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

---

### NEONATAL / PERINATAL MEDICINE

---


#### **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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

**NIEMI, ANNA-KAISA**

Provider ID: 262157

Board Certified Specialty: No

 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

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## D. Specialist Provider Directory

*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**


---

#### **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*

---

### **NEONATAL / PERINATAL MEDICINE**


---

#### **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*

---

### **NEONATAL / PERINATAL**

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### MEDICINE

#### SPEZIALE, MARK

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

### NEONATAL / PERINATAL MEDICINE

#### SUTTNER, DENISE

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

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

### NEONATAL / PERINATAL MEDICINE

#### SWEENEY, NATHALY

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory




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

---

### **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

---

### **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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/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: 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

#### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Min/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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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, 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

---

### NEUROLOGY

---

#### 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

---

### NEUROLOGY

---

#### 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

---

### NEUROLOGY

---

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### NEUROLOGY


---


**GUNDOGDU, MELEK**

Provider ID: 201623

Board Certified Specialty: No

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103


 Phone: (619) 543-3500

 After Hours Phone: (619)  
543-3500

Provider Gender: Female

NPI: 1437253671

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### NEUROLOGY


---

**HANNAWI, ANDREW**

Provider ID: 283154

Board Certified Specialty: 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

---

### NEUROLOGY


---

**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

---

### NEUROLOGY

---


**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 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: 246263  
 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

#### LEE, DAVID

Provider ID: 304198

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### 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: 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

#### LONGARDNER, KATHERINE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Hours: M-F 8AM-5PM

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: 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

#### 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory



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: 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

#### 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 CHILD

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

**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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

---

### **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: 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

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

---

 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

 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

---

### **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**

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **LAMALE-SMITH, LEAH**


Provider ID: 208681

Board Certified Specialty: No

 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


Medi-Cal Open 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory




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: 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  
 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 Website: N/A  
IPA: UCSD Medical Group

### **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

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: 285176

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

---

### **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*


---

### **OPHTHALMOLOGY**




---

#### **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*

---





### **OPHTHALMOLOGY**

---

#### **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*

---

### **OPHTHALMOLOGY**

---

#### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### OPHTHALMOLOGY

---

#### LIU, YUNXIANG

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

---

### OPHTHALMOLOGY

---

#### MOLL, ANGELA

Provider ID: 205510

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: 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: 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

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max 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: 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

### 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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### 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

#### **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

### OPHTHALMOLOGY

#### **RAHMATNEJAD, KAMRAN**

Provider ID: 300040

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

#### AOTO, KIM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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  
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: 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

**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

**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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory


### 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: 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: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 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**

#### **BRUMUND, KEVIN**

Provider ID: 299635

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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: 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)  
926-8273

Provider Gender: Male

NPI: 1932297330

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299579

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6631





Fax: (619) 471-0656

 After Hours Phone: (619)  
543-6631

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---



Provider Gender: Male  
NPI: 1932297330  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

---



**DECONDE, ADAM**  
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: 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 HOSP

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


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 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: 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  
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**


---

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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: 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: 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: 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider English Spoken: Y  
Cultural Competency: N  
Medi-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

#### **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  
Medi-Cal Open Panel: Yes  
Min/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

#### **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

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### OTOLARYNGOLOGY

#### **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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


### 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

#### **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

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### 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

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group


### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299443  
Board Certified Specialty: No

 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): Network  
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

### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299481

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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: 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: 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

Medi-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







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**



Provider ID: 299592  
Board Certified Specialty: No  
 200 W 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

#### **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  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

---


#### PATEL, VIJAY

Provider ID: 297037


Board Certified Specialty: No

 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: 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: 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: 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

---

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: 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

---


#### 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: 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

---


#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory







---

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

---


**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  
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: 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

---

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory



*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### OTOLARYNGOLOGY

#### **YAN, CAROL**





*Provider ID: 298414*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1619237260*




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL*

*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### PATHOLOGY ANATOMIC

#### **FADARE, OLUWOLE**




*Provider ID: 275705*  
*Board Certified Specialty: No*  
 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)*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

 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


---

#### **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


---

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PATHOLOGY ANATOMIC CLINICAL


---


#### **ROMA, ANDRES**

Provider ID: 275826

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PATHOLOGY ANATOMIC CLINICAL


---

#### **SHABAIK, AHMED**

Provider ID: 275781

Board Certified Specialty: No



 200 W 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory





 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




---

### **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*




---




### **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*

---




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




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PATHOLOGY CLINICAL**

---

#### **KELNER, MICHAEL**

*Provider ID: 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory




---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

M-F 4PM-10PM  
SA 1PM-10PM  
 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

---


#### **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


---


#### **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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

PEDIATRIC EMERGENCY MEDICINE	PEDIATRIC EMERGENCY MEDICINE	PEDIATRIC EMERGENCY MEDICINE
<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>


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### 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

### PEDIATRIC EMERGENCY MEDICINE


#### 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


### PEDIATRIC EMERGENCY MEDICINE


#### 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


#### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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


---


#### **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


---

#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

Cultural Competency: N  
 Hospital Affiliation: 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: 205334  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory






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

**MINKA, GENEVIEVE**  
 Provider ID: 262107  
 Board Certified Specialty: No  
 8110 BIRMINGHAM WAY FL 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


**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  
 American Sign Language (ASL):


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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, 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*

*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


---


#### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory


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


---

#### **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 MEDICINE

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **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

### **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

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Male

NPI: 1881695914

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY MEDICINE**

### **PARKER, SHERINE**

Provider ID: 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

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

Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Hospital 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):

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

### PEDIATRIC EMERGENCY

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<b>MEDICINE</b>		
<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	966-8800 Provider Gender: Male NPI: 1215564265 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Rady Childrens Health Network	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
<b>PEDIATRIC EMERGENCY MEDICINE</b>		
<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: 1366691115 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM	<b>RUSSELL, SAMUEL</b> Provider ID: 301250 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: 1215564265 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO	<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 Accessibility: CONTACT PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


**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

### PEDIATRIC EMERGENCY MEDICINE


### MEDICINE


**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


### MEDICINE


**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


### PEDIATRIC EMERGENCY MEDICINE


**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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory




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  
Cultural Competency: N  
Hospital Affiliation: UCSF

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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  
Network

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>		<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>	
<b>TRAN, THERESA</b> 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	 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	Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max 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 EMERGENCY MEDICINE</u></b> <b>VAIDYA, KAMALA</b> 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
<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>		<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>	
<b>TRAUT, JOEL</b> Provider ID: 205475 Board Certified Specialty: No	<b>ULRICH, STACEY</b> 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		

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### PROVIDER

 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  
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







#### 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  
Hospital Affiliation: RADY

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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 MEDICINE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### WANG, EMILY

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

### PEDIATRIC EMERGENCY MEDICINE

### WANG, EMILY

Provider ID: 265954

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: 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

### PEDIATRIC EMERGENCY MEDICINE

### WANG, YVETTE

Provider ID: 263416

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: 1710321278

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

### YAPHOCKUN, KAREN

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

Medi-Cal Open Panel: Yes


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC ENDOCRINOLOGY


#### **CYMBALUK, ANNA**

Provider ID: 294214


Board Certified Specialty: No

 3030 CHILDRENS WAY STE 4

SAN DIEGO, CA 92123

 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1043674849

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


Network

### PEDIATRIC ENDOCRINOLOGY


#### **PATTERSON, MARY**

Provider ID: 206059

Board Certified Specialty: No

 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

 Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory

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 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

### 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

 Website: N/A

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

---

**PEDIATRIC**  
**GASTROENTEROLOGY**

---


**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

---

**PEDIATRIC**  
**GASTROENTEROLOGY**

---


**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

---

**PEDIATRIC**  
**GASTROENTEROLOGY**

---


**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

---

**PEDIATRIC**  
**GASTROENTEROLOGY**

---


**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

NPI: 1306227491

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *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 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*



---


### **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*


---




### **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*

---

### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

---

#### **DING, HILDA**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### KUO, DENNIS

Provider ID: 205433  
Board Certified Specialty: No  
 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



### 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

### 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

### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### 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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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

### 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


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory


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


### **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

### **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

### **PEDIATRIC PULMONOLOGY**

#### **FIREIZEN, YARON**


Provider ID: 302329


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

---


### **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

---

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 Website: N/A  
IPA: Rady Childrens Health Network

---


### **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


---


### **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


---


### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---


### **PEDIATRIC RHEUMATOLOGY**


#### **CHANG, JOHANNA**

Provider ID: 246394

Board Certified Specialty: No

 3030 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8082

 After Hours Phone: (858)  
966-8082

Provider Gender: Female

NPI: 1821242199

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---


### **PEDIATRIC RHEUMATOLOGY**

#### **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

---


### **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

---


### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

**PEDIATRICS**

---

**CAMERON, MELISSA**  
 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

**PEDIATRICS**

---

**CANTU, ALICIA**  
 Provider ID: 205752  
 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: 1922179688  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

**PEDIATRICS**

---

**CANTU, ALICIA**  
 Provider ID: 205753  
 Board Certified Specialty: No  
 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

966-8974  
 Provider Gender: Female  
 NPI: 1922179688  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

**PEDIATRICS**

---

**CHONG, AMY**  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### PEDIATRICS

#### 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

### PEDIATRICS

#### 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

### PEDIATRICS

#### 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

### PEDIATRICS

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

DIEGO


Medi-Cal Open Panel: Yes

Min/Max 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,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

---

### PEDIATRICS

---

#### 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

---



### PEDIATRICS

---

#### 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

---


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory




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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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: 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,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IHP of Southern Cal-PHP

### 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,

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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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: 298430

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 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):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### PHYSICIANS ASSISTANT

#### HUNTER, JACOB

Provider ID: 287449

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/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: 302452

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: 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


#### LAM, DAVINA

Provider ID: 295651


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: 1245863737

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS  
MEMORIAL HOSPITAL,

ALVARADO HOSP MED CTR,  
GROSSMONT HOSPITAL,

SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None




American Sign Language (ASL):

N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>MERRILL, COREY</b>            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</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   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>PELIO, DARREN</b>            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</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>NAKAMITSU, ABIGAIL</b>            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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>PELIO, DARREN</b>            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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>PERREAU, MARK</b>            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</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.










## D. Specialist Provider Directory

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory





---



 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: 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

---





**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




---

**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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

☎ 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: 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**

---

**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**

---

**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

MEDICAL CTR, UCSD LA

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/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


American Sign Language (ASL):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### PSYCHOLOGIST


---

#### CLEMENT, LUIS

*Provider ID: 290745*

*Board Certified Specialty: No*

 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

 *Phone: (619) 429-3733*

*Fax: (619) 628-5550*

 *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) 810-8700*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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  
SAN DIEGO, CA 92111

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 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

MEDICAL CTR, UCSD LA

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/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

NPI: 1528306206

 Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


---

#### **NORMAN, MARC**

Provider ID: 276869

Board Certified Specialty: No

 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

---

### PSYCHOLOGIST

---

#### **PRINCE, RENEE**

Provider ID: 303603

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### PSYCHOLOGIST

#### RADOJEVIC, NATASHA

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

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

### PSYCHOLOGIST

#### SCHELLINGER, KRISTON

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

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### SCHELLINGER, KRISTON

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

### PSYCHOLOGIST

#### SCHELLINGER, KRISTON

Provider ID: 213751

Board Certified Specialty: No

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

Phone: (858) 246-1979

After Hours Phone: (858)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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: 299923

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: 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

### **PULMONARY DISEASES**

#### **LE, HUAN**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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




Min/Max Age: 0\None

American Sign Language (ASL):

N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **RADIATION ONCOLOGY**








#### **COLEMAN, LORI**

*Provider ID: 221091*  
*Board Certified Specialty: No*  
 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) 649-5100*  
*Provider Gender: Male*  
*NPI: 1962520080*





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *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*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<p><b>RADIATION ONCOLOGY</b></p> <p><b>WEINSTEIN, GEOFFREY</b>            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</p>	<p> 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</p>	<p>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</p>
<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>BERMAN, ZACHARY</b>            Provider ID: 269318            Board Certified Specialty: No   200 W ARBOR DR            SAN DIEGO, CA 92103</p>	<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>BERMAN, ZACHARY</b>            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</p>	<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>BRANCH, CODY</b>            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</p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### **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

Website: N/A

IPA: UCSD Medical Group

---

### **RADIOLOGY DIAGNOSTIC**

#### **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

---

### **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

---

### **RADIOLOGY DIAGNOSTIC**

#### **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

---

### **RADIOLOGY DIAGNOSTIC**

#### **CHENG, KAREN**

Provider ID: 283226

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427430511

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **CHENG, KAREN**

Provider ID: 304207

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427430511

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **CHENG, KAREN**

Provider ID: 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**

#### **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: 299991

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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: 304171

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: 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: 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

Medi-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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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**

#### **GRISSOM, MURRAY**

*Provider ID: 271569*


*Board Certified Specialty: No*

 330 LEWIS ST STE 202

SAN DIEGO, CA 92103

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

 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 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **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: 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**

#### **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

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

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **MARKS, ROBERT**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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: 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

#### 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *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: 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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**

*Provider ID: 240342*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1871910810*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**

*Provider ID: 240344*

*Board Certified Specialty: No*

 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**

#### **SEARLEMAN, ADAM**

*Provider ID: 299949*

*Board Certified Specialty: No*

 330 LEWIS ST  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 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: 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**

#### **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**

#### **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

Provider Gender: Male

NPI: 1992919666

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---


### **RADIOLOGY DIAGNOSTIC**

#### **TADDONIO, MICHAEL**

*Provider ID: 304179*

*Board Certified Specialty: No*

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1386987261*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*



---

### **RADIOLOGY DIAGNOSTIC**

#### **TADDONIO, MICHAEL**

*Provider ID: 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: 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**

#### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 *Accessibility: CONTACT PROVIDER*

 *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*

*THORNTON, UCSD MEDICAL*

*CTR*


*Medi-Cal Open Panel: Yes*

*Min/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: 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**


#### **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**


#### **UNSDORFER, KYLE**

*Provider ID: 300034*

*Board Certified Specialty: No*

 200 W ARBOR DR

SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1285165183

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **RADIOLOGY DIAGNOSTIC**

#### **UNSDORFER, KYLE**

Provider ID: 300035

Board Certified Specialty: No

 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**


#### **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: 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**

#### **VAKILIAN, SIAVOSH**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

---

### **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

---

### **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

---

### **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

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (619) 471-0438

Fax: (619) 543-3763

🕒 After Hours Phone: (619)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Provider Gender: Male

NPI: 1982120861

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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


#### **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: 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/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**


---

#### **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*

---

### **REGISTERED PHYSICAL THERAPIST**

---


#### **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*

---


### **REGISTERED PHYSICAL THERAPIST**

---


#### **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*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*




*American Sign Language (ASL):*

N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---

#### **DANG, KAYLEE**

Provider ID: 279261  
Board Certified Specialty: No  
 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

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

### 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

#### **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


Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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  
THORNTON

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):  
N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 *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: 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**

---

#### **AROCHO-SALGADO, MIRELIS**

*Provider ID: 296932*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

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**

**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**

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 296922

Board Certified Specialty: No

7510 CLAIREMONT MESA  
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

#### **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

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

Phone: (858) 277-2277

Fax: (818) 357-2505


After Hours Phone: (858)  
277-2277


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 296588

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: 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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: 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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL): Fax: (888) 539-8781

N

 Accessibility: CONTACT PROVIDER

 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**

#### **LIU, SHANGLEI**

Provider ID: 273363

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: 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: 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

Medi-Cal Open Panel: Yes


Min/Max 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


 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  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



American Sign Language (ASL): N

 Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

### 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: 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

#### 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

#### **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)  
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

#### **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

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **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

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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


#### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory

 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: 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

---

### **SURGERY GENERAL**

#### **JACOBSEN, GARTH**

Provider ID: 201729

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

**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

### SURGERY GENERAL

**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

### SURGERY GENERAL

**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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

### 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

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

 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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 242007

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: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

#### **OSORIO, JOSEPH**

Provider ID: 304170

Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**


#### **PHAM, MARTIN**

Provider ID: 244158

Board Certified Specialty: No

 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

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD


### **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

### **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


### **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

### **SURGERY ORTHOPEDIC**

#### **BUI, CHRISTOPHER**

Provider ID: 241162

Board Certified Specialty: No

 200 W ARBOR DR

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory





---




SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1619231537  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### **SURGERY ORTHOPEDIC**

---







**BUKATA, SUSAN**  
Provider ID: 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  
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**

---






**BUKATA, SUSAN**  
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

---

### **SURGERY ORTHOPEDIC**

---





**CAMPBELL, TANNER**  
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

---

### **SURGERY ORTHOPEDIC**

---

**CHENG, YU TSUN**  
Provider ID: 301903  
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: 1992982854  
 Provider English Spoken: Y  
Cultural Competency: N


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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

 After Hours Phone: (858)  
966-6789

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y  
Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max 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):

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

Network

---


### **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)  
657-8200

Provider Gender: Male

NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes  
Min/Max 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

---

### SURGERY ORTHOPEDIC

#### PRUSS, ERIKA

Provider ID: 303797

Board Certified Specialty: No

 3030 CHILDRENS WAY FL

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

3  
SAN DIEGO, CA 92123  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Female  
NPI: 1538402441  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health Network

### **SURGERY ORTHOPEDIC**

**SULLIVAN, THOMAS**  
Provider ID: 304164  
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: 1437565488  
Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

**SULLIVAN, THOMAS**  
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 CTR  
Medi-Cal Open Panel: Yes  
Min/Max 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: 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

### **SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**  
Provider ID: 299909  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-5999




Provider Gender: Female

NPI: 1164436291

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## D. Specialist Provider Directory




 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: 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

### **SURGERY PEDIATRIC**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### 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

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

#### 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

#### SURGERY PEDIATRIC

### LAZAR, DAVID

Provider ID: 205606

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: 1538365002

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

#### SURGERY PEDIATRIC

### THANGARAJAH, HARIHARAN

Provider ID: 256194

Board Certified Specialty: No

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-7711

After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1598979593

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

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: 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**

**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**


**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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open 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  
 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**

#### **LEWIS, PRIYA**

Provider ID: 302132  
Board Certified Specialty: No  
 7920 FROST ST STE 200





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

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: 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

---

### **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 THORACIC**


**FOX, KENNETH**  
 Provider ID: 257841


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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


### SURGERY THORACIC


#### **GANTA, SRUJAN**

Provider ID: 256383

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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### SURGERY THORACIC


#### **GANTA, SRUJAN**

Provider ID: 275611

Board Certified Specialty: No

 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

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

#### **LEWIS, MICHAEL**

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

### SURGERY THORACIC

#### **NIGRO, JOHN**

Provider ID: 205367

Board Certified Specialty: No

 3030 CHILDRENS WAY STE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### UROLOGY


---

#### MONGA, MANOJ

Provider ID: 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  
 PROVIDER























 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<b>UROLOGY</b>			
<b>SAIDIAN, AVA</b>		485-0554	Hospital Affiliation: UCSD
Provider ID: 284831		Provider Gender: Male	MEDICAL CTR, UCSD LA
Board Certified Specialty: No		NPI: 1609187962	JOLLA JOHN SALLY
	200 W ARBOR DR SAN DIEGO, CA 92103	 Provider English Spoken: Y	THORNTON, GROSSMONT
	Phone: (800) 926-8273	 Provider Language(s) Spoken: Farsi	HOSPITAL
	Fax: (888) 539-8781	Cultural Competency: N	Medi-Cal Open Panel: Yes
	After Hours Phone: (800) 926-8273	Hospital Affiliation: UCSD	Min/Max Age: 0\None
Provider Gender: Female		MEDICAL CTR, UCSD LA	American Sign Language (ASL):
NPI: 1205281912		JOLLA JOHN SALLY	N
	Provider English Spoken: Y	THORNTON, GROSSMONT	 Accessibility: CONTACT
Cultural Competency: N		HOSPITAL	PROVIDER
Hospital Affiliation: UCSD LA		Medi-Cal Open Panel: Yes	 Hours: M-F 8AM-5PM
JOLLA JOHN SALLY		Min/Max Age: 0\None	 Website: N/A
THORNTON, UCSD MEDICAL		American Sign Language (ASL):	IPA: Community Care IPA LLC,
CTR		N	UCSD Medical Group
Medi-Cal Open Panel: Yes		 Accessibility: CONTACT	
Min/Max Age: 0\None		PROVIDER	
American Sign Language (ASL):		 Website: N/A	
N		IPA: Community Care IPA LLC,	
 Accessibility: CONTACT		UCSD Medical Group	
 Hours: M-F 8AM-5PM			
 Website: N/A			
IPA: UCSD Medical Group			
<b>UROLOGY</b>		<b>UROLOGY</b>	<b>UROLOGY</b>
<b>SALMASI, AMIRALI</b>		<b>SALMASI, AMIRALI</b>	<b>SWORDS, KELLY</b>
Provider ID: 302912		Provider ID: 203122	Provider ID: 206183
Board Certified Specialty: No		Board Certified Specialty: No	Board Certified Specialty: No
	11770 BERNARDO PLAZA CT STE 270 SAN DIEGO, CA 92128		7920 FROST ST STE 200 SAN DIEGO, CA 92123
	Phone: (858) 485-0554		Phone: (858) 966-7484
	After Hours Phone: (858)		Fax: (858) 966-4064
			After Hours Phone: (858) 966-7484
			Provider Gender: Female
			NPI: 1316101256
			 Provider English Spoken: Y
			Cultural Competency: N
			Hospital Affiliation: RADY
			CHILDRENS HOSPITAL SAN
			DIEGO, UCSF BENIOFF
			CHILDREN'S HOSPITAL
			OAKLAND
			Medi-Cal Open Panel: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

### 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): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,

### 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

 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

#### 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 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):  
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



#### CARRA, BARBARA

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

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


Medi-Cal Open 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


---

#### **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

---

### CERTIFIED NURSE PRACTITIONER


---

#### **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

---

### CERTIFIED NURSE PRACTITIONER


---

#### **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

---

### CERTIFIED NURSE PRACTITIONER


---

#### **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

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.









## D. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**HAN, ANGELA**  
*Provider ID: 300215*  
*Board Certified Specialty: No*  
 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*

---

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

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: 1699222620

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER


---

#### **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

---

### 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

---

### CHIROPRACTOR

---

#### **HINES, TAYTE**


Provider ID: 302080

Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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): Provider ID: 296592

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**

 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




NPI: 1467485078

 Provider English Spoken: Y




 Provider Language(s)









Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


*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*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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: 295847

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: 0\None

American Sign 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

IPA: IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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  
MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 13\None


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

American Sign Language (ASL): IHP of Southern Cal-PHP  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **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): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

### **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: 304047

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

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**


---

#### **LUM HO, RACHEL**

Provider ID: 303150

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

Provider Gender: Female




NPI: 1215469283

 Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

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

#### **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): Provider ID: 302439



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, MISH EL**

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)  
436-6767

Provider Gender: Female  
NPI: 1598394371

 Provider English Spoken: Y  
Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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 VALPREDA 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 VALPREDA 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 VALPREDA 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 VALPREDA 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

### PSYCHOLOGIST

#### **ARIELLA, LYNDA**


Provider ID: 299716

Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 1073518965


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\50

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### PSYCHOLOGIST

#### CORTIZO, ROSA

Provider ID: 290796

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: 1952316648

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Fax: (760) 736-8740

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### PSYCHOLOGIST

#### FLYNN, DANIELLE

Provider ID: 290795

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: 1477785137


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### PSYCHOLOGIST

#### GEORGIEV, MARY JO

Provider ID: 290793

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 737-6767

 After Hours Phone: (760)  
737-6767

Provider Gender: Female

NPI: 1518996875

 Provider English Spoken: Y  
Cultural 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

#### IMAM, SYED

Provider ID: 298174

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: 1447428271

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 15\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### SIMPSON, ERIC


Provider ID: 290803  
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: 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

### PSYCHOLOGIST



#### TORRES, HECTOR

Provider ID: 290788  
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: 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

LINDA UNIVERSITY MED CTR




Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.








## D. Specialist Provider Directory

 *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) 662-4100*

*Provider Gender: Female*

*NPI: 1962662718*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1316407026

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## D. Specialist Provider Directory

 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  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1073650339

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---






 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,  
UCSD Medical Group

---

### INTERNAL MEDICINE

---


#### SY, RAMON

Provider ID: 297757  
Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### **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





























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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory


<b>PEDIATRICS</b>		<b>REGISTERED PHYSICAL THERAPIST</b>	
<p><b>TAYLOR, TASHA</b>            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</p>	<p>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</p>	<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p><b>TORRES, JOANN</b>            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</p>
<b>PSYCHOLOGIST</b>		<b>SPEECH PATHOLOGIST</b>	
<p><b>IBANEZ, BERENICE</b>            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</p>	<p><b>JOHNSON, JENNIFER</b>            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):</p>	<p><b>HILL, CARLA</b>            Provider ID: 295894            Board Certified Specialty: No   3364 BEYER BLVD STE 102-103            SAN YSIDRO, CA 92173</p>	

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 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): **VENKATESH, VIJAY**

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

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

 9830 PROSPECT AVE STE  
A  
SANTEE, CA 92071


 Phone: (619) 448-4860




 Fax: (619) 448-1639

 After Hours Phone: (760)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.






## D. Specialist Provider Directory




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  
 TEMECULA, CA 92590  
 Phone: (951) 225-6400  
 Fax: (858) 633-4697  
 After Hours Phone: (951)  
 225-6400  
 Provider Gender: Female  
 NPI: 1639362494

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Provider English Spoken: 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

IPA: IHP of Southern Cal-PHP

### CERTIFIED ACUPUNCTURIST

#### **SONG, CAROL**

Provider ID: 290550



Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


---

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): Board Certified Specialty: No  
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): Board Certified Specialty: No  
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: 303928

 517 N HORNE ST  
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): Board Certified Specialty: No  
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

 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): Board Certified Specialty: No  
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


American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

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

W-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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

IPA: Community Care IPA LLC

---

### **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

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**HERNANDEZ, JESSICA**


Provider ID: 304492

Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

 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,  
Rady Childrens Health

Network

---

### CERTIFIED NURSE PRACTITIONER

**KELLEHER, BRIDGET**

Provider ID: 298083

Board Certified Specialty: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## D. Specialist Provider Directory





 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  
 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**

---

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

<b>PRACTITIONER</b>	
<p><b>NICHOLAS, ESTELA</b>  <i>Provider ID: 239866</i>  <i>Board Certified Specialty: No</i>   1000 VALE TERRACE DR  VISTA, CA 92084   <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: 1558384792</i>   <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): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M 8AM-5PM  TU-TH 8AM-8PM  F 8AM-5PM  SA 9AM-4PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC</i></p>	<p> <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1619384351</i>   <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: 12\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM  SA 9AM-4PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC</i></p>
<b>CERTIFIED NURSE PRACTITIONER</b>	
<p><b>SRILASAK, MICHELE</b>  <i>Provider ID: 281857</i>  <i>Board Certified Specialty: No</i>   910 SYCAMORE AVE STE 102  VISTA, CA 92081   <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: 1265487326</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><b>SHAHBAZ, LINNAE</b>  <i>Provider ID: 304820</i>  <i>Board Certified Specialty: No</i>   1000 VALE TERRACE DR  VISTA, CA 92084   <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: 1427712215</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\18</i>  <i>American Sign Language (ASL): N</i></p>
<b>CERTIFIED NURSE PRACTITIONER</b>	
<p><b>PRITZKER, JOELY</b>  <i>Provider ID: 239773</i>  <i>Board Certified Specialty: No</i>   1000 VALE TERRACE DR  VISTA, CA 92084   <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i></p>	<p> <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1427712215</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\18</i>  <i>American Sign Language (ASL): N</i></p>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

### 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

#### **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):

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):

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

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

### CERTIFIED NURSE PRACTITIONER

#### **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

#### **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  
SA 8AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **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

### CERTIFIED NURSE PRACTITIONER

#### **YCASAS, EMILY**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 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

---

### **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

---

### **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**

---

#### **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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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: 298007

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: 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: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## D. Specialist Provider Directory

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No

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): Board Certified Specialty: No

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): Board Certified Specialty: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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

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

### **HOSPICE AND PALLIATIVE**

#### **MEDICINE**

#### **RUBENSIK, 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**

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

NPI: 1467542175

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,

PALOMAR MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, EL CENTRO

REGIONAL MEDICAL CENTER,

PALOMAR HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

SA 9AM-4PM

 Website: N/A

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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/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**

Provider ID: 273114

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 After Hours Phone: (760) 631-5000

Provider Gender: Female  
NPI: 1336589332


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 9:30AM-5PM  
W 8AM-5PM  
TH 10AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


---

### OPTOMETRIST

#### GEE, JENNIFER

Provider ID: 273113  
Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000


Provider Gender: Female  
NPI: 1336589332


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


---

### OPTOMETRIST

#### GEE, JENNIFER


Provider ID: 290208  
Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000


Provider Gender: Female  
NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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


 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


---

### OPTOMETRIST

#### GEE, JENNIFER

Provider ID: 290209  
Board Certified Specialty: No

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

Min/Max Age: 0\None

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

Accessibility: CONTACT PROVIDER

Hours: M 8AM-5PM  
 TU 9:30AM-5PM  
 W 8AM-5PM  
 TH 10AM-7PM  
 F 8AM-5PM  
 SA 9AM-4PM

Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST

#### KIM, MICHAEL

Provider ID: 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: 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

#### 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

#### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

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: 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: 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

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


---

#### 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


---

#### 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

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory


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

 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

#### 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

---


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---


 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  
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

---



### 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  
Provider Gender: Female  
NPI: 1619115664

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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**

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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

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)  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

American Sign Language (ASL): Board Certified Specialty: No  
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

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## D. Specialist Provider Directory

 *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): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### PULMONARY DISEASES



#### **KUMAR, AVNEE**

*Provider ID: 300013*  
*Board Certified Specialty: No*  
 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  
 *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 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 JOLLA JOHN SALLY THORNTON*


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

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## D. Specialist Provider Directory

---

 Website: N/A  
IPA: UCSD Medical Group

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## E. Hospital Directory - General Acute Care Hospital

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## E. Hospital Directory - General Acute Care Hospital

 Website: [www.palomarhealth.org/facilities/palomar-medical-center](http://www.palomarhealth.org/facilities/palomar-medical-center)


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

### PARADISE VALLEY HOSPITAL


Provider ID: 170057

 2400 E 4TH ST  
NATIONAL CITY, CA 91950


 Phone: (619) 470-4321

 After Hours Phone: (619) 470-4321

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

 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7  
days/week

NPI: 1356410351

 Website: [www.paradisevallyhospital.net](http://www.paradisevallyhospital.net)


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### RADY CHILDRENS HOSPITAL SAN DIEGO

Provider ID: 171083

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700


 After Hours Phone: (858)

576-1700

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

 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7  
days/week

NPI: 1710065933


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


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

### SCRIPPS GREEN HOSPITAL


Provider ID: 171084

 10666 N TORREY PINES RD  
MS 220  
LA JOLLA, CA 92037


 Phone: (858) 455-9100

 After Hours Phone: (858) 455-9100

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


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7  
days/week

License Number: 080000139

NPI: 1841233780

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-green-hospital](http://www.scripps.org/locations/hospitals__scripps-green-hospital)

American Sign Language (ASL):


N


 Accessibility: CONTACT PROVIDER

### SCRIPPS MEMORIAL HOSPITAL

Provider ID: 170045

 9888 GENESEE AVE  
LA JOLLA, CA 92037


 Phone: (800) 727-4777

 After Hours Phone: (800) 727-4777

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


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7  
days/week

License Number: 080000050

NPI: 1841277704

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-la-jolla](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla)

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Provider ID: 170305

 354 SANTA FE DR  
ENCINITAS, CA 92024

 Phone: (760) 753-6501

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## E. Hospital Directory - General Acute Care Hospital

 After Hours Phone: (760) 753-6501


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

 Site English Spoken: Y  
Cultural Competency: N


Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 080000148  
NPI: 1700829199

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-encinitas](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas)

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Birthing Friendly: Y

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## E. Hospital Directory - General Acute Care Hospital

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## E. Hospital Directory - General Acute Care Hospital

---

 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>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## F. Long-Term Care (LTC) and Skilled Nursing Facilities (SNF)

American Sign Language (ASL): om


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)

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (SNF)

### PROVIDER

#### PARKSIDE HEALTH AND WELLNESS CENTER

Provider ID: 349923

444 W LEXINGTON AVE  
EL CAJON, CA 92020

Phone: (619) 442-7744

After Hours Phone: (619) 442-7744

Accepting New Patients: No

NPI: 1447653340

Website: <http://parksidehealth.net>

Credentials and/or certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

#### SAN DIEGO POST ACUTE CENTER

Provider ID: 173508

1201 S ORANGE AVE  
EL CAJON, CA 92020

Phone: (619) 441-1988

Fax: (619) 441-7416

After Hours Phone: (619) 441-1988

Accepting New Patients: No

NPI: 1285061085

Website: <http://sdpostacute.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### SOMERSET SUBACUTE AND CARE

Provider ID: 348526

151 CLAYDELLE AVE  
EL CAJON, CA 92020

Phone: (619) 442-0245

Fax: (614) 423-3631

After Hours Phone: (619) 442-0245

Accepting New Patients: No

NPI: 1073916987

Website: <http://sometersubacute.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### THE BRADLEY COURT

Provider ID: 419158

675 E BRADLEY AVE  
EL CAJON, CA 92021

Phone: (619) 448-6633

Fax: (619) 448-5462

After Hours Phone: (619) 448-6633

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

#### VICTORIA POST ACUTE CARE

Provider ID: 387720

654 S ANZA ST  
EL CAJON, CA 92020

Phone: (619) 440-5005

After Hours Phone: (619) 440-5005

Accepting New Patients: No

NPI: 1326441239

Website: [www.VICTORIAPOSTACUTE.com](http://www.VICTORIAPOSTACUTE.com)

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N







Accessibility: CONTACT PROVIDER

#### VICTORIA POST ACUTE CARE







Provider ID: 387720

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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: <http://victoriapostacuta.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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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 Language(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 Language(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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (SNF)

- N**  
 *Accessibility: CONTACT PROVIDER*
- CARE MERIDIAN LA MESA**  
 Provider ID: 173379  
 5640 AZTEC DR  
 LA MESA, CA 91942  
 Phone: (949) 263-6632  
 Fax: (619) 465-0019  
 After Hours Phone: (949) 263-6632  
 Accepting New Patients: No  
 NPI: 1235404674  
 Website: [www.neurorestorative.com](http://www.neurorestorative.com)  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 *Accessibility: CONTACT PROVIDER*
- COUNTRY MANOR LA MESA HEALTHCARE CENTER**  
 Provider ID: 172023  
 5696 LAKE MURRAY BLVD  
 LA MESA, CA 91942  
 Phone: (619) 460-7871  
 After Hours Phone: (619) 460-7871  
 Accepting New Patients: No  
 NPI: 1457345001  
 Website: N/A  
 Credentials and/or certifications:
-  Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 *Accessibility: CONTACT PROVIDER*
- GROSSMONT HOSPITAL DP SNF**  
 Provider ID: 172643  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942  
 Phone: (619) 740-4110  
 After Hours Phone: (619) 740-4110  
 Accepting New Patients: No  
 NPI: 1417930249  
 Website: [www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm)  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 *Accessibility: CONTACT PROVIDER*
- GROSSMONT POST ACUTE CARE**  
 Provider ID: 310488  
 8787 CENTER DR  
 LA MESA, CA 91942  
 Phone: (619) 460-4444  
 Fax: (619) 713-5116  
 After Hours Phone: (619) 460-4444
- Accepting New Patients: No  
 NPI: 1689077588  
 Website: <http://grossmontpostacute.com>  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 *Accessibility: CONTACT PROVIDER*
- HILLDALE HABILITATION CENTER**  
 Provider ID: 527671  
 7979 LA MESA BLVD  
 LA MESA, CA 91942  
 Phone: (619) 465-8010  
 Fax: (619) 465-8348  
 After Hours Phone: (619) 465-8010  
 Accepting New Patients: No  
 Hours: M-F 8AM-5PM  
 NPI: 1073736427  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 *Accessibility: CONTACT PROVIDER*
- LA MESA HEALTHCARE CTR**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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):  
Accepting New Patients: No  
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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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): Accepting New Patients: No  
N

Accessibility: CONTACT  
PROVIDER

#### JACOB HEALTH CARE CENTER LLC

Provider ID: 172617

4075 54TH ST  
SAN DIEGO, CA 92105

Phone: (619) 582-5168

Fax: (619) 325-0194

After Hours Phone: (619)  
582-5168

Accepting New Patients: No

NPI: 1881684900

Website: [www.jacobhealthcare.com](http://www.jacobhealthcare.com)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL): Accepting New Patients: No  
N

Accessibility: CONTACT  
PROVIDER

#### MISSION HILLS POST ACUTE CARE

Provider ID: 339053

3680 REYNARD WAY  
SAN DIEGO, CA 92103

Phone: (619) 297-4484

Fax: (855) 214-6992

After Hours Phone: (619)  
297-4484

Accepting New Patients: No  
NPI: 1669875563

Website: <http://missionhillspostacute.com>

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL): Accepting New Patients: No  
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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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>            Credentials and/or</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><b>WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL</b>            Provider ID: 172012</p>		


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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://windsorgoIdenhill.com>  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER




### SAN MARCOS


**CARLO HOUSE**  
 Provider ID: 662931  
 411 CARLO ST  
 SAN MARCOS, CA 92078  
 Phone: (760) 721-1706  
 Fax: (760) 721-9872  
 After Hours Phone: (760)  
 721-1706  
 Accepting New Patients: No  
 NPI: 1962488007  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### SANTEE



#### STANFORD COURT SKILLED NURSING AND REHAB CENTER




Provider ID: 171994  
 8778 CUYAMACA ST  
 SANTEE, CA 92071  
 Phone: (619) 449-5555  
 After Hours Phone: (619)  
 449-5555  
 Accepting New Patients: No  
 Hours: SU-SA 8AM-5PM  
 NPI: 1184628554  
 Website: [www.lifegen.net/Sstanfordcourt/](http://www.lifegen.net/Sstanfordcourt/)  
 Credentials and/or certifications:

Site English Spoken: Y  
 Site Languages(s) Spoken: Tagalog, Spanish  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER






### SPRING VALLEY

#### AMAYA SPRINGS HEALTH CARE CENTER

Provider ID: 420233  
 8625 LAMAR ST  
 SPRING VALLEY, CA 91977  
 Phone: (323) 326-6186

Fax: (619) 461-3575  
 After Hours Phone: (323)  
 326-6186  
 Accepting New Patients: No  
 NPI: 1518974542  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

#### BRIGHTON PLACE SPRING VALLEY

Provider ID: 417094  
 9009 CAMPO RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 460-2711  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (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](http://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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## F. Long-Term Care (LTC) and Skilled Nursing Facilities (SNF)

---

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# G. Community-Based Adult Services (CBAS) - Adult Day Services

## 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>

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)

Accepting New Patients: No

Hours: SU-SA 9AM-3PM

License Number: 550008511

NPI: 1184207631

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# G. Community-Based Adult Services (CBAS) - Adult Day Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# G. Community-Based Adult Services (CBAS) - Adult Day Services

*If Facility has completed cultural competence training:*

N

*Facility has access to skilled medical interpreters on site?:* N  
*Interpreter Non-English*


*Languages:* Y


 *Website:* Sandiegofamilycircle.com

## 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?:* N  
*Interpreter Non-English*

*Languages:* N


 *Website:* www.casa-pacific.com

## LOVING CARE ADHC

*Provider ID:* 419961

 2565 CAMINO DEL RIO S  
STE 201

SAN DIEGO, CA 92108

 *Phone:* (619) 718-9777

*Fax:* (619) 569-2855

 *After Hours Phone:* (619) 718-9777

*Accepting New Patients:* No

 *Hours:* SU-SA 8:30AM-4PM

*NPI:* 1346455961

 *Accessibility:* CONTACT PROVIDER

*American Sign Language (ASL):* N


*Language line interpreter services:* N

*If Facility has completed cultural competence training:*

*Facility has access to skilled medical interpreters on site?:* N

*Interpreter Non-English*

*Languages:* N

 *Website:* www.lovingcareadhcc.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?:* N  
*Interpreter Non-English*

*Languages:* N

 *Website:* www.americareadhc.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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## H. County In-Home Support Services (IHSS)


---

### SAN DIEGO

#### AGING & INDEPENDENCE SERVICES

*Specialty: Case Management*

 5560 OVERLAND AVE  
SAN DIEGO, CA 92123

 Phone: (858) 495-5885


*License Number: 1710308986*

*Accessibility: CONTACT*

#### PROVIDER

 Hours: M-F

*8:00AM-5:00PM*

 Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

## 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 *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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory


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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

FRANCESCA A ORLANDO

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory


 *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 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*

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory


---

 *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*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory

TDD: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300

Fax: (858) 633-4698

 After Hours Phone: (760) 520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## TEETER-WITT, ALYSSA

Provider Gender: Female


License Number: PSY31075

NPI: 1932308442

 Provider English Spoken: Y  
Cultural Competency: N

ALYSSA TEETER-WITT

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

Fax: (858) 633-4693

 After Hours Phone: (760) 690-5900

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory


## 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 Language(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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

## **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory


---

 *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)*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*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**

 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*

## **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

## 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

926-8273  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory

STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8372  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



## **DUARTE, KRISTEN**

Provider Gender: Female  
License Number: PSY31227  
NPI: 1093119364

 Provider English Spoken: Y  
Cultural Competency: N

## KRISTEN L DUARTE

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender

restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



## **DUARTE, KRISTEN**


Provider Gender: Female  
License Number: PSY31227  
NPI: 1093119364

 Provider English Spoken: Y  
Cultural Competency: N

## KRISTEN L DUARTE

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

Site English Spoken: Y

TDD: 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

## ELLEDGE, 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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

License Number: A124329

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*Cultural Competency: N*

**STEPHANIE MARTINEZ**

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

**MAXWELL, BENJAMIN**

Provider Gender: Male


License Number: A108124

NPI: 1740415926

 Provider English Spoken: Y  
Cultural Competency: N

**BENJAMIN K MAXWELL**

 8950 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (858) 534-8019

Fax: (858) 534-6727

 After Hours Phone: (858)  
534-8019

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

**MENDEZ, ANDRES**

Provider Gender: Male

License Number: PSY28907

NPI: 1841482692


 Provider English Spoken: Y  
 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**

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 826-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
826-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

**MOORE, SHAVON**

Provider Gender: Female

License Number: A152789

NPI: 1053682773

 Provider English Spoken: Y  
Cultural Competency: N


**SHAVON C MOORE**

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

 Provider English Spoken: Y


 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

## 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

## 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)


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





# I. Mental Health Directory

284-3746  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## REED, KRISTIE


Provider Gender: Female  
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

## REED, KRISTIE


Provider Gender: Female  
License Number: PSY30934  
NPI: 1679869556  
 Provider English Spoken: Y  
Cultural Competency: N  
KRISTIE L REED

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A






Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER






## RICHARD, MARLA

Provider Gender: Female  
License Number: G65188  
NPI: 1578720934  
 Provider English Spoken: Y  
Cultural Competency: N  
MARLA G RICHARD

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

N

 *Accessibility: CONTACT PROVIDER*


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

## **SCHNEEBERGER, ANDRES**

*Provider Gender: Male*

*License Number: C175502*

*NPI: 1184867376*


 *Provider English Spoken: Y*

*Cultural Competency: N*

**ANDRES R SCHNEEBERGER**


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

## **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory


NPI: 1497139059

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

NPI: 1649760356

 Provider English Spoken: Y  
Cultural Competency: N

MELISSA R SACHS

 2400 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

## SILVEY, CHRISTOPHER

Provider Gender: Male


License Number: LCS85942

NPI: 1932793502

 Provider English Spoken: Y  
Cultural Competency: N

CHRISTOPHER J SILVEY

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844)

200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


## OCEANSIDE

### 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


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

NPI: 1255937496

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

## 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

## **COOK, SHERYL**

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

 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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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: 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

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

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

Site English Spoken: Y

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

## PROVIDER

### MELENDEZ, ADRIANA

Provider Gender: Female

License Number: LCS86435

NPI: 1356777361

Provider English Spoken: Y

Spanish

Cultural Competency: N

ADRIANA J MELENDEZ

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

### 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

### MONTEZ, REBECCA

Provider Gender: Female

License Number: LCS26869

NPI: 1396047809

Provider English Spoken: Y

Spanish






Cultural Competency: N

REBECCA MONTEZ






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




# I. Mental Health Directory






 2210 MESA DR STE 5  
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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **PATEL, MITESH**

*Provider Gender: Male*


*License Number: A181164*

*NPI: 1568880292*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

**MITESH K PATEL**

 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*

## **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*

## **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

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

## 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

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

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857


 Provider English Spoken: Y

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

## 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

### 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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 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 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 Language(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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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

 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

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## **BANKS, SARAH**

Provider Gender: Female

License Number: PSY30296

NPI: 1164701132

 Provider English Spoken: Y


Cultural Competency: N


SARAH J BANKS

 4510 EXECUTIVE DR STE

325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*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):*

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

 *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*


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 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*

## **BROWN, DARCIE**

*Provider Gender: Female*

*License Number: MFC119851*

*NPI: 1639796071*


 *Provider English Spoken: Y*

*Cultural Competency: N*

DARCIE D BROWN

 16950 VIA TAZON

SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory

## CALLAGHAN, KATHRYN

Provider Gender: Female


License Number: MFC106901

NPI: 1558768812

 Provider English Spoken: Y  
Cultural Competency: N

KATHRYN R CALLAGHAN

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CEBALLOS, JACQUELINE 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

Provider Gender: Female

License Number: A137628


NPI: 1285049932


 Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 4510 EXECUTIVE DR STE  
315

SAN DIEGO, CA 92121

 Phone: (858) 534-8019

 After Hours Phone: (858)  
534-8019

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CIOBANU, COSMINA

Provider Gender: Female


License Number: A137628

NPI: 1285049932

 Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-8164

 After Hours Phone: (858)

576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CIOBANU, COSMINA

Provider Gender: Female


License Number: A137628

NPI: 1285049932

 Provider English Spoken: Y  
Cultural Competency: N


COSMINA S CIOBANU

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-8164

 After Hours Phone: (858)  
576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

## CIOBANU, COSMINA

Provider Gender: Female


License Number: A137628

NPI: 1285049932

 Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-8164

 After Hours Phone: (858)  
576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CLEMENT, LUIS


Provider Gender: Male

License Number: PSY28534

NPI: 1235364712

 Provider English Spoken: Y  
Cultural Competency: N

LUIS F CLEMENT

 2630 1ST AVE

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

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







Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

TDD: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

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

 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

## 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

## 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




# I. Mental Health Directory

 Phone: (800) 926-8372

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **GULOTTA, SAMANTHA**

Provider Gender: Female

License Number: MFC134199

NPI: 1790407732

 Provider English Spoken: Y


Cultural Competency: N

SAMANTHA L GULOTTA

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

## **HERNANDEZ, SILVIA**

Provider Gender: Female

License Number: MFC51787


NPI: 1982821179


 Provider English Spoken: Y

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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

## **KLUEMPER, NICOLE**

*Provider Gender: Female*

*License Number: PSY27064*


*NPI: 1902125818*

 *Provider English Spoken: Y*


*Cultural Competency: N*

NICOLE S KLUEMPER

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

*Fax: (858) 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory



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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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

 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

 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

 4910 DIRECTORS PL STE  
250  
SAN DIEGO, CA 92121




 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*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

 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

 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

 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):*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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*

## **MONTOYA, JESSICA**

*Provider Gender: Female*

*License Number: PSY31647*

*NPI: 1003421256*


 *Provider English Spoken: Y*

*Cultural Competency: N*

JESSICA L MONTOYA

 4168 FRONT ST FL 3

SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: 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**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory

HOANG A NGUYEN

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

 Provider English Spoken: Y

 Vietnamese

Cultural Competency: N

HOANG A NGUYEN

 410 DICKINSON ST STE 100  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM


## 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

Site English Spoken: Y

TDD: 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 *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**



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





# I. Mental Health Directory



*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*


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory


 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

 3665 KEARNY VILLA RD  
STE 400

SAN DIEGO, CA 92123

 Phone: (858) 966-5990

Fax: (858) 966-7508

 After Hours Phone: (858)  
966-5990

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## SAWYER, CAROLYN

Provider Gender: Female


License Number: A149116

NPI: 1043653249

 Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 246-0794

Fax: (858) 496-9257

 After Hours Phone: (858)  
246-0794

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## SAWYER, CAROLYN

Provider Gender: Female

License Number: A149116

NPI: 1043653249

 Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

 3030 CHILDRENS WAY FL  
4

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

SAN DIEGO, CA 92123  
☎ Phone: (858) 966-4032  
☎ Fax: (858) 966-6227  
🕒 After Hours Phone: (858) 966-4032  
🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## **SCHELLINGER, KRISTON**

Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273

🗒 Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
☎ Phone: (858) 246-1979  
🕒 After Hours Phone: (858) 246-1979  
🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): 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

📍 9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131  
☎ Phone: (858) 246-1979  
🕒 After Hours Phone: (858) 246-1979  
🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## **SCHELLINGER, KRISTON**

Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273

🗒 Provider English Spoken: Y

📍 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

## **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory


 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):

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

KAREN A THIESSEN


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory

 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

 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


## 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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 Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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

 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

## 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



## 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

## 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory






 *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

## SOLORIO JR, ROBERTO

Provider Gender: Male  
License Number: LCS102729  
NPI: 1972088185  
 Provider English Spoken: Y  
Cultural Competency: N  
ROBERTO SOLORIO 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





# I. Mental Health Directory

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

📍 134 GRAPEVINE RD

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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

## ACOSTA, AZUCENA

Provider Gender: Female  
License Number: LCS98304  
NPI: 1255937496  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
AZUCENA ACOSTA  
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-2PM  
F 8AM-5PM  
SA 9AM-6PM

## 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  
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






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




# I. Mental Health Directory

 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  
 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

## CRUZ, VANESSA

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
 Provider English Spoken: Y  
Cultural Competency: N  
VANESSA Y CRUZ  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Vietnamese, Chinese,  
Estonian, Farsi, French,  
Hindi, Korean, Marathi,  
Spanish, Tagalog, Telugu  
TDD: U  
Min/Max Age: 4\None

Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU 8AM-8PM  
W 9AM-7PM  
TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM


## CRUZ, VANESSA

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
 Provider English Spoken: Y  
Cultural Competency: N  
VANESSA Y CRUZ  
 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

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*

 *134 GRAPEVINE RD  
VISTA, CA 92083*

 *Phone: (760) 631-5000  
Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM*

## **CRUZ, VANESSA**

*Provider Gender: Female*


*License Number: LCS87166*

*NPI: 1285170662*

 *Provider English Spoken: Y  
Cultural Competency: N*

*VANESSA Y CRUZ*

 *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*

## **DOUGHERTY, CHRISTINE**

*Provider Gender: Female*


*License Number: LCS26686*

*NPI: 1003194960*

 *Provider English Spoken: Y  
Cultural Competency: N*

*CHRISTINE A DOUGHERTY*

 *134 GRAPEVINE RD  
VISTA, CA 92083*

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

 *Website: N/A*

*Accepting New Patients: Yes  
Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

## **DOUGHERTY, CHRISTINE**

*Provider Gender: Female*


*License Number: LCS26686*

*NPI: 1003194960*

 *Provider English Spoken: Y  
Cultural Competency: N*

*CHRISTINE A DOUGHERTY*


 *1000 VALE TERRACE DR  
VISTA, CA 92084*

 *Phone: (760) 631-5000  
Fax: (760) 414-3891*

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# I. Mental Health Directory

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

## **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

## **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

## **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

## **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 *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*

## **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*

## **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

# I. Mental Health Directory

 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**

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



# I. Mental Health Directory


---

NPI: 1508327081

 Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## WILSON, CARLENE

Provider Gender: Female


License Number: LCS74685

NPI: 1508327081

 Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

#### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

- 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### **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*

### **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*

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

F 8AM-6PM  
SA 9AM-2PM

### 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

*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, 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

### 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  
 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


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):

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

☎ 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

☎ 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## J. Vision Provider Directory - Eye & Vision Services

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## J. Vision Provider Directory - Eye & Vision Services

 *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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

📞 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

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

📞 Phone: (760) 943-7141

Fax: (760) 943-0371

🕒 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

🗣️ Site English Spoken: Y

🗣️ Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## J. Vision Provider Directory - Eye & Vision Services

Gender 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 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 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 Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

🗪 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

### SAMUEL, MICHAEL, MD

Provider Gender: Male

License Number: A83237

NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

📞 Phone: (760) 743-5872

Fax: (760) 743-5879

🕒 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

🗪 Site English Spoken: Y

🗪 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### THACH, TERILYN, OD

Provider Gender: Female

License Number: 11456

NPI: 1710030861

Provider English Spoken: Y

🗪 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): 1T

🕒 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Min/Max Age: 0\None

Gender Restriction: No 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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, BRUCE, OD

Provider Gender: Male

License Number: 7696

NPI: 1356414551

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

### GEORGE, KENDALL, OD

Provider Gender: Male

License Number: 34270

NPI: 1619529948

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

### 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):

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

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

### IMPERIAL BEACH

**HANONO, HELFON, OD**

*Provider Gender: Male*

*License Number: 6681*

*NPI: 1619942034*


*Provider English Spoken: Y*


 *Spanish*

*Cultural Competency: Y*

IMPERIAL BEACH

OPTOMETRY INC APC

 894 PALM AVE STE B  
IMPERIAL BEACH, CA  
91932


 *Phone: (619) 424-9333*

*Fax: (619) 424-3356*

 *After Hours Phone: (619)  
424-9333*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 9AM-6PM*

**HANONO, ABRAHAM, OD**

*Provider Gender: Male*

*License Number: 14900*

*NPI: 1356754741*


*Provider English Spoken: Y*


 *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*

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## J. Vision Provider Directory - Eye & Vision Services



 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

### 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

### UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y

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

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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 Language(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### MCCLEAN, ESMERALDA, OD

Provider Gender: Female

License Number: 15001

NPI: 1962817981

Provider English Spoken: Y

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

SA 8AM-2PM

### **MIZOGUCHI, LIANNE, OD**

Provider Gender: Female

License Number: 10104

NPI: 1619900313

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### **MOOR, TRACY, OD**

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### **MOOR, TRACY, OD**

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


Accessibility: CONTACT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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:

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## J. Vision Provider Directory - Eye & Vision Services

*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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## J. Vision Provider Directory - Eye & Vision Services

 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### **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*

**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*

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

American Sign Language (ASL): **CAUCHI, CAROLINE**

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

**BINDER, NICHOLAS, MD**

Provider Gender: Male

License Number: A124698

NPI: 1306076716


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE 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

**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## J. Vision Provider Directory - Eye & Vision Services

 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

### **CHIU, 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 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

### 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 TU 9AM-6PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

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

### **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

### **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

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.







## J. Vision Provider Directory - Eye & Vision Services




<p> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction</p>	<p>PROVIDER Public transportation (within 1/2 mile from Site): 1T  Hours: M-F 8AM-5PM</p>	<p>License Number: 7490 NPI: 1528072683 Provider English Spoken: Y Cultural Competency: Y LA MESA VISION CARE</p>
<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1U  Hours: M-F 8AM-5PM</p>	<p><b>HAN, SULKI, OD</b> Provider Gender: Female License Number: 34171 NPI: 1750802195 Provider English Spoken: Y  Korean Cultural Competency: Y ACUITY EYE GROUP</p>	<p> 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</p>
<p><b>HAMOUIE, JUDY, OD</b> Provider Gender: Female License Number: 34984 NPI: 1518638287 Provider English Spoken: Y Cultural Competency: Y ACUITY EYE GROUP</p>	<p> 7339 EL CAJON BLVD STE J LA MESA, CA 91942  Phone: (619) 722-8460 Fax: (619) 722-8465  After Hours Phone: (619) 722-8460 Accepting New Patients: Yes</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1U  Hours: M 8AM-4PM TU 9AM-6PM W 8AM-4PM TH 9AM-6PM F 9AM-5PM SA 8AM-1PM</p>
<p> 7339 EL CAJON BLVD STE J LA MESA, CA 91942  Phone: (619) 722-8460 Fax: (619) 722-8465  After Hours Phone: (619) 722-8460 Accepting New Patients: Yes</p>	<p> Site English Spoken: Y  Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N</p>	<p><b>HSU, CHRISTOPHER, MD</b> Provider Gender: Male License Number: A65973 NPI: 1336167618 Provider English Spoken: Y Cultural Competency: Y ACUITY EYE GROUP  7339 EL CAJON BLVD STE</p>
<p> Site English Spoken: Y  Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N</p>	<p> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T  Hours: M-F 8AM-5PM <b>HIXSON, THOMAS, OD</b> Provider Gender: Male</p>	





Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## J. Vision Provider Directory - Eye & Vision Services

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

**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  
**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

**KALBAKJI, NATALY, OD**  
 Provider Gender: Female  
 License Number: 34943  
 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

**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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 *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*

### **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*

### **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*  
 *Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

### **LEE, 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\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

### 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

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

### 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









### 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




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services







 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM



**MCGRAW, JOSEPH, MD**  
 Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP

 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  
 Site 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  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### **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*

### **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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services




 *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*

 *Hindi*  
*Cultural Competency: Y*

### ACUITY EYE GROUP



 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*  
*Gender Restriction: No 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

<p> <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-TU 9AM-5:30PM                      W 8AM-5PM                      TH 9AM-6PM                      F 8AM-1PM         </p>	<p>           Gender Restriction: No Gender restriction            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER            Public transportation (within 1/2 mile from Site): 1U  <input type="clock"/> Hours: M-F 8AM-5PM         </p>	<p>           1/2 mile from Site): 1T  <input type="clock"/> Hours: M-F 8AM-5PM         </p>
<p> <b>PRABHU, SUJATA, MD</b>            Provider Gender: Female            License Number: A115965            NPI: 1982872552            Provider English Spoken: Y  <input type="checkbox"/> Spanish            Cultural Competency: Y            EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  <input type="location"/> 5565 GROSSMONT CENTER DR # 551            LA MESA, CA 91942  <input type="phone"/> Phone: (619) 465-2020            Fax: (619) 698-1189  <input type="clock"/> After Hours Phone: (619) 465-2020            Accepting New Patients: Yes  <input type="checkbox"/> Site English Spoken: Y  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Min/Max Age: 0\None         </p>	<p> <b>PRABHU, SUJATA, MD</b>            Provider Gender: Female            License Number: A115965            NPI: 1982872552            Provider English Spoken: Y  <input type="checkbox"/> Spanish            Cultural Competency: Y            ACUITY EYE GROUP  <input type="location"/> 7339 EL CAJON BLVD STE J            LA MESA, CA 91942  <input type="phone"/> Phone: (619) 722-8460            Fax: (619) 722-8465  <input type="clock"/> After Hours Phone: (619) 722-8460            Accepting New Patients: Yes  <input type="checkbox"/> Site English Spoken: Y  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Min/Max Age: 0\None            Gender Restriction: No Gender restriction            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER            Public transportation (within 1/2 mile from Site): 1T  <input type="clock"/> Hours: M-F 8AM-5PM         </p>	<p> <b>QUACH, PHUC, OD</b>            Provider Gender: Male            License Number: 12891            NPI: 1770617805            Provider English Spoken: Y  <input type="checkbox"/> Spanish, Vietnamese            Cultural Competency: Y            ACUITY EYE GROUP  <input type="location"/> 7339 EL CAJON BLVD STE J            LA MESA, CA 91942  <input type="phone"/> Phone: (619) 722-8460            Fax: (619) 722-8465  <input type="clock"/> After Hours Phone: (619) 722-8460            Accepting New Patients: Yes  <input type="checkbox"/> Site English Spoken: Y  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Min/Max Age: 0\None            Gender Restriction: No Gender restriction            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER            Public transportation (within 1/2 mile from Site): 1T  <input type="clock"/> Hours: M-F 8AM-5PM         </p>
<p> <b>SAMUEL, MICHAEL, MD</b>            Provider Gender: Male            License Number: A83237            NPI: 1730175670         </p>		

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

📞 Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

📞 Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

 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

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

### **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 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

### **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 Language(s) Spoken: Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


 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


WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG

NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### **KING, MARY, OD**

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

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, 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

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender 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

### **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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


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

### 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

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

### 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

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

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male

License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

- After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

- Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

- Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

- Hours: M-F 8AM-4:30PM

### **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 1/2 mile from Site): 1U

- Hours: M-TU 10AM-5PM  
TH-F 10AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

- 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

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


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, GITANE, MD


Provider Gender: Male


License Number: A108603


NPI: 1710171434

Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700  
Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### PATEL, SARJAN, MD


Provider Gender: Male


License Number: A114976

NPI: 1316199326

Provider English Spoken: Y  
 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### **PRABHU, SUJATA, MD**

*Provider Gender: Female*

*License Number: A115965*

*NPI: 1982872552*

*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*

### **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 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services


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

 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

### 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







Cultural Competency: Y

NORTH COAST OPTOMETRY



 3915 MISSION AVE STE 2

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## J. Vision Provider Directory - Eye & Vision Services


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  
 F 9AM-5PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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 Language(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 8AM-5PM  
TU-TH 9AM-6PM  
F 8AM-5PM

#### ADAMS, MONA, OD

Provider Gender: Female

License Number: 14457

NPI: 1942564521

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

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

American Sign Language (ASL):  
N


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services



 *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*


 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*


 *Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM*


*TH 8AM-6PM  
 F 8AM-4PM*

### **ARCHIBALD, JOHN, OD**


*Provider Gender: Male*  
*License Number: 11813*  
*NPI: 1902893357*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**EYELUX OPTOMETRY**

 16615 DOVE CANYON RD  
 STE 105  
 SAN DIEGO, CA 92127

 *Phone: (858) 487-7900*  
*Fax: (858) 487-1896*

 *After Hours Phone: (858) 487-7900*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM  
 SA 8:30AM-2PM*

### **BANSAL, PREETI, MD**


*Provider Gender: Female*  
*License Number: A90890*  
*NPI: 1871664631*

*Provider English Spoken: Y*

 *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**

 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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Min/Max Age: 0\None

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

### 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) 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

### 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

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111



 Phone: (858) 565-8822




Fax: (858) 565-2449


 After Hours Phone: (858)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## J. Vision Provider Directory - Eye & Vision Services






565-8822  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

**BINDER, NICHOLAS, MD**  
Provider Gender: Male  
License Number: A124698  
NPI: 1306076716  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

**BOECK, CARL, OD**  
Provider Gender: Male  
License Number: 6620  
NPI: 1588656151  
Provider English Spoken: Y  
 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 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

**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  
**CAO, STEPHANIE, OD**  
Provider Gender: Female  
License Number: 35158

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE

OPTOMETR

7007 FRIARS RD STE 351

SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 10AM-7PM  
SA 10AM-7PM

### 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:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## J. Vision Provider Directory - Eye & Vision Services

American Sign Language (ASL): SA 8:30AM-2PM

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

### 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

OPTOM-EYES VISION CARE

OPTOMETRY

 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108


 Phone: (619) 295-2900

Fax: (888) 210-5799

 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### DAVIS, JADE, OD

Provider Gender: Female


License Number: 11765


NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

 Phone: (619) 291-2020



Fax: (888) 210-5799

 After Hours Phone: (619)

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## J. Vision Provider Directory - Eye & Vision Services






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

### DEAN, MOENA, OD






Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
 4344 CONVOY ST STE C2 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM TU 8:30AM-5PM W 7:30AM-4PM TH 9:30AM-5PM F 8AM-4PM


### DUONG, CHERYL, OD

Provider Gender: Female  
License Number: 34070  
NPI: 1366935678  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY  
 16615 DOVE CANYON RD STE 105 SAN DIEGO, CA 92127  
 Phone: (858) 487-7900  
Fax: (858) 487-1896  
 After Hours Phone: (858) 487-7900  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM SA 8:30AM-2PM

### DUONG, KIM, OD






Provider Gender: Female  
License Number: 34222  
NPI: 1114448651  
Provider English Spoken: Y  
 Vietnamese Cultural Competency: Y  
RADY CHILDRENS SPECIALISTS  
 7910 FROST ST STE 200 SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
Fax: (858) 966-8901  
 After Hours Phone: (858) 309-7702  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 7AM-5PM

### DYER, SHARON, OD



Provider Gender: Female  
License Number: 33450  
NPI: 1063866887  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
 4344 CONVOY ST STE C2



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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  
 UC SAN DIEGO HEALTH  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM  
 HO, AMIEE, OD  
 Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478  
 Provider English Spoken: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

*Cultural Competency: Y*

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### HO, 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

### 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

### HOM, GREGORY, OD

Provider Gender: Male

License Number: 9694

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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 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

### 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, 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


 After Hours Phone: (858)  
549-3200

Accepting New Patients: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 Site English Spoken: Y


 Site Language(s) Spoken: Spanish, Tagalog, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **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

 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

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

### **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

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **KHAN, FAHAD, MD**

Provider Gender: Male

License Number: A163142

NPI: 1548605843

Provider English Spoken: Y

🗣️ Hindi

Cultural Competency: Y

VISION SPECIALISTS OF CALIFORNIA

📍 233 LEWIS ST  
SAN DIEGO, CA 92103

📞 Phone: (619) 501-9050

Fax: (619) 501-9054

🕒 After Hours Phone: (619) 501-9050

Accepting New Patients: Yes

🗣️ Site English Spoken: Y

🗣️ Site Languages(s) Spoken: Bengali, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TH 8AM-5PM

F 8AM-4PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

📞 Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

🗣️ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

### **KHINDA, SUNEHA, OD**

Provider Gender: Female

License Number: 35494

NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

📍 16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

📞 Phone: (858) 487-7900

Fax: (858) 487-1896

🕒 After Hours Phone: (858) 487-7900

Accepting New Patients: Yes

🗣️ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM  
SA 8:30AM-2PM

### **KIM, PHILIP, OD**

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

📞 Phone: (619) 543-6244

Fax: (619) 295-5034


🕒 After Hours Phone: (619) 543-6244

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: 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): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM

### KULISCHAK, JOHN, OD

Provider Gender: Male

License Number: 9279


NPI: 1740205236

Provider English Spoken: Y

Cultural Competency: Y


HILLCREST EYE CENTER-UCSD

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244  
Fax: (619) 295-5034

 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

### LAM, ANNE, OD

Provider Gender: Female

License Number: 12810


NPI: 1174550768

Provider English Spoken: Y

Cultural Competency: Y


HILLCREST EYE CENTER-UCSD

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244  
Fax: (619) 295-5034

 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

### LARSEN, STEVEN, OD

Provider Gender: Male

License Number: 7687


NPI: 1629194782

Provider English Spoken: Y

 Spanish  
Cultural Competency: Y

UPTOWN OPTOMETRY

 4096 PARK BLVD  
SAN DIEGO, CA 92103

 Phone: (619) 291-5505  
Fax: (619) 291-4404


 After Hours Phone: (619) 291-5505



Accepting New Patients: Yes

 Site English Spoken: Y



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\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, JANICE, OD




Provider Gender: Female  
License Number: 13037  
NPI: 1952453300  
Provider English Spoken: Y  
Cultural Competency: Y  
SABRE SPRINGS OPTOMETRY  
 12650 SABRE SPGS PKWY  
STE 203  
SAN DIEGO, CA 92128  
 Phone: (858) 748-1265  
Fax: (844) 269-9527  
 After Hours Phone: (858) 748-1265  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-TU 9AM-5PM  
W 10AM-6PM  
TH 9AM-5PM  
F 10AM-6PM

### LAU, KUEN CHINE, OD

Provider Gender: Male  
License Number: 11166  
NPI: 1821001645  
Provider English Spoken: Y  
Cultural Competency: Y  
OPTOM-EYES VISION CARE OPTOMETRY  
 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154  
 Phone: (619) 297-2020  
Fax: (888) 210-5799  
 After Hours Phone: (619) 297-2020  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### LAU, 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, KUEN CHINE, OD

Provider Gender: Male  
License Number: 11166  
NPI: 1821001645  
Provider English Spoken: Y  
Cultural Competency: Y

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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

### 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

FASHION VALLEY EYE CARE  
OPTOMETR

 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108


 Phone: (619) 291-2020

Fax: (888) 210-5799

 After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 10AM-7PM  
SA 10AM-7PM

### LIN, HENRY, OD

Provider Gender: Male

License Number: 11368

NPI: 1861405664


Provider English Spoken: Y

 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

 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

### 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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 Phone: (619) 697-4600  
Fax: (619) 697-2410

 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **MIZOGUCHI, LIANNE, OD**

Provider Gender: Female

License Number: 10104

NPI: 1619900313


Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244  
Fax: (619) 295-5034

 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

### **MOLL, ANGELA, MD**

Provider Gender: Female

License Number: A105472

NPI: 1861648602


Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS


SPECIALISTS

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702  
Fax: (858) 966-8901

 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM

### **MOOR, TRACY, OD**

Provider Gender: Female

License Number: 35085


NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y


UC SAN DIEGO HEALTH

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (858) 534-6290  
Fax: (858) 732-0921

 After Hours Phone: (858) 534-6290

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **MOOR, TRACY, OD**

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y


HILLCREST EYE

CENTER-UCSD

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244  
Fax: (619) 295-5034

 After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435


NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish  
Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822  
Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435


NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish  
Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600  
Fax: (619) 697-2410

 After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### NGUYEN, 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 Language(s) Spoken:  
Spanish, Vietnamese


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-TU 9AM-5PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

W 10AM-6PM  
TH 9AM-5PM  
F 10AM-6PM

### 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 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, 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

 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

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 9AM-5PM  
SA 9AM-1PM

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

☐ Site English Spoken: Y  
Min/Max Age: 0\None  
Gender 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, 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): 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

### 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  
📍 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, 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



Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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, SARJAN, MD**

Provider Gender: Male  
 License Number: A114976  
 NPI: 1316199326  
 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, 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

### **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 Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 9:30AM-6PM  
 TH-F 9:30AM-6PM

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### **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*

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

*Hours: M 10AM-6PM*

*TU 10AM-2PM*

*W-TH 10AM-6PM*

*F 9AM-2PM*

*SA 9AM-2PM*

### **POUSTI, SHEIVA, OD**

*Provider Gender: Female*

*License Number: 10403*

*NPI: 1730240052*

*Provider English Spoken: Y*

*Cultural Competency: Y*

SAN DIEGO EYE CLINIC  
OPTOMETRY

3560 FAIRMOUNT AVE STE  
A

SAN DIEGO, CA 92105

*Phone: (619) 431-2020*

*Fax: (619) 376-2100*

*After Hours Phone: (619)  
431-2020*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

*Hours: SU-SA 9AM-6PM*

### **PRABHU, SUJATA, MD**

*Provider Gender: Female*

*License Number: A115965*

*NPI: 1982872552*

*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

WEST COAST EYE CARE

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111

*Phone: (858) 565-8822*

*Fax: (858) 565-2449*

*After Hours Phone: (858)  
565-8822*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

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

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

*Hours: M 10AM-6PM*

*TU 8:30AM-5PM*

*W 7:30AM-4PM*

*TH 9:30AM-5PM*

*F 8AM-4PM*

### **PRABHU, SUJATA, MD**

*Provider Gender: Female*

*License Number: A115965*

*NPI: 1982872552*

*Provider English Spoken: Y*

*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*

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Min/Max Age: 0\None

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 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

### 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

### 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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y

🗳 Site 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

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y

🗳 Site Spanish

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

📞 Phone: (619) 297-2020

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### TILLMAN, SYLVIA, OD

Provider Gender: Female

License Number: 9726

NPI: 1174730824

Provider English Spoken: Y

🗳 Site 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

### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

### TON-NU, MY LINH, OD

Provider Gender: Female  
 License Number: 34990  
 NPI: 1245733476  
 Provider English Spoken: Y  
 Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410

After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM

### TONNU, ANH, OD

Provider Gender: Female  
 License Number: 11318  
 NPI: 1679521280  
 Provider English Spoken: Y

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

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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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): 1/2 mile from Site): 1T

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

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## J. Vision Provider Directory - Eye & Vision Services

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

 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

restriction

American Sign Language (ASL):  *CONTACT PROVIDER*

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*

 *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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

 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  
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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

Site Hindi

Cultural Competency: Y

EYE CARE OPTOMETRY  
ASSOCIATES

687 SWEETWATER RD  
SPRING VALLEY, CA 91977

Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y


Site Language(s) Spoken:  
Arabic, Spanish

Min/Max Age: 0\None

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services


Gender Restriction: No Gender restriction  
Public transportation (within 1/2 mile from Site): 1U

American Sign Language (ASL):  Hours: M-F 9AM-6PM  
SA 9AM-5PM

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):  Hours: M-F 9AM-6PM  
SA 9AM-5PM

N

 Accessibility: CONTACT PROVIDER

### 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  
SA 9AM-5PM

### SOLIS, KEVIN, OD

Provider Gender: Male

License Number: 10420

NPI: 1538362116

Provider English Spoken: Y

Cultural Competency: Y

EYE CARE OPTOMETRY

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

### 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:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

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

NPI: 1356414551

Provider English Spoken: Y

🗳 Korean, Spanish

Cultural Competency: Y







BRUCE D GEORGE OD

📍 931 ANZA AVE STE B  
VISTA, CA 92084




Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## J. Vision Provider Directory - Eye & Vision Services

---

 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-TH 10AM-5PM  
TU-W 9AM-6PM  
TH-F 9AM-5PM

### **TRAN, THAO, OD**










Provider Gender: Female  
License Number: 12867  
NPI: 1962581421  
Provider English Spoken: Y  
 Vietnamese  
Cultural Competency: Y  
KINDERSPECS-GOOD EYES  
OPTOMETRY  
 110 CIVIC CENTER DR STE 204  
VISTA, CA 92084  
 Phone: (760) 753-3665  
Fax: (408) 969-1653  
 After Hours Phone: (760) 753-3665  
Accepting New Patients: Yes

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## K. Other Services Providers (Community Supports, Enhanced Care Management)

### ECM Populations of Focus (POF) Table

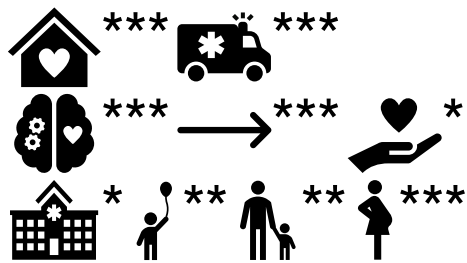
ECM Population of Focus			Adults	Children & Youth
	1	Individuals Experiencing Homelessness	✓	✓
	2	Individuals At Risk for Avoidable Hospital or ED Utilization (formerly called "High Utilizers")	✓	✓
	3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
	4	Individuals Transitioning from Incarceration	✓	✓
	5	Adults Living in the Community and at-risk for LTC Institutionalization	✓	
	6	Adult Nursing Facility Residents Transitioning to the Community	✓	
	7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
	8	Children and Youth Involved in Child Welfare		✓
	9	Birth Equity Population of Focus	✓	✓

# K. Other Services Providers (Community Supports, Enhanced Care Management)

## 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:

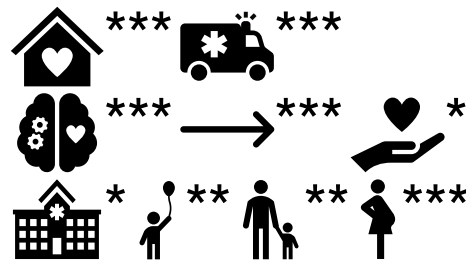


Community Supports Services: N/A  
Street Medicine Provider: N  
Phone for Existing Patients: (619) 510-4641  
Mailing Address: 4060 FAIRMOUNT AVE;SAN DIEGO;CA;92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 510-4641  
After Hours Phone: (619) 510-4641  
Accessibility: CONTACT PROVIDER  
Website: N/A  
ECM Population of Focus:



Community Supports Services: N/A  
Street Medicine Provider: N  
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

## 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

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

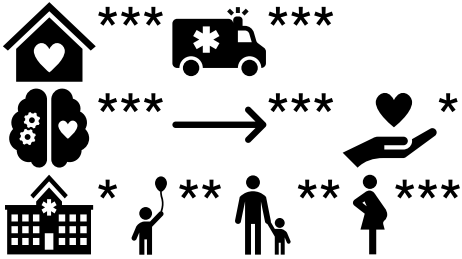
Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## K. Other Services Providers (Community Supports, Enhanced Care Management)

### 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

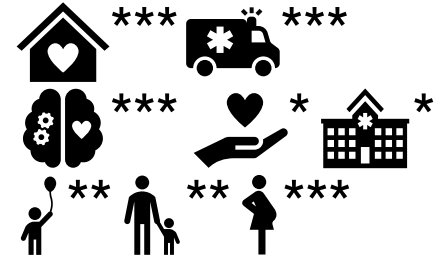
 Phone: (619) 429-3733

 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)

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.


Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at

blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

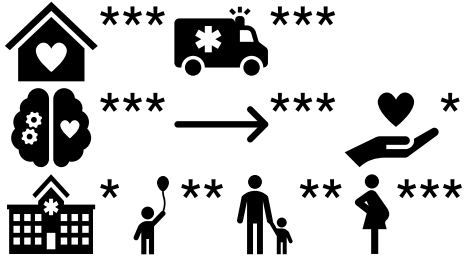
## K. Other Services Providers (Community Supports, Enhanced Care Management)

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

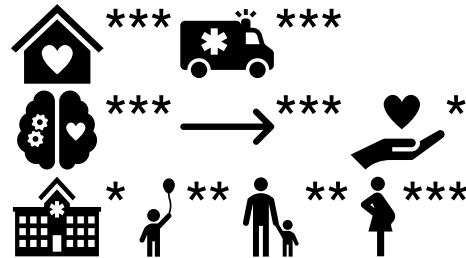
 7967 BROADWAY LEMON GROVE, CA 91945

 *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

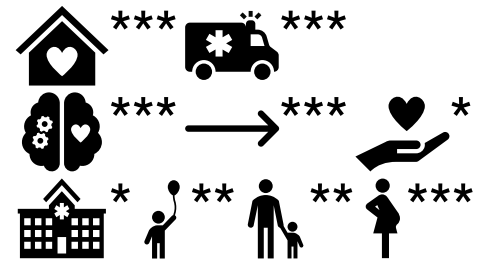
 217 HIGHLAND AVE NATIONAL CITY, CA 91950

 *Phone: (619) 510-4641*  
 *After Hours Phone: (619) 510-4641*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## K. Other Services Providers (Community Supports, Enhanced Care Management)

Community Supports Services: N/A

Street Medicine Provider: N  
Phone for Existing Patients: (619) 510-4641

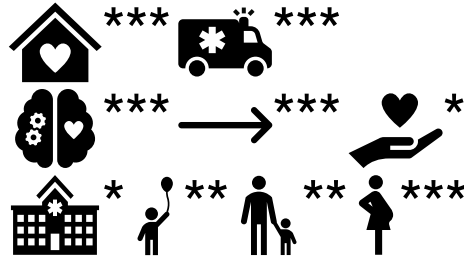
Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

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

### 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:

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

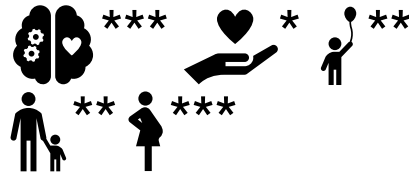
## K. Other Services Providers (Community Supports, Enhanced Care Management)



**Community Supports Services:**  
N/A  
**Street Medicine Provider:** N  
**Phone for Existing Patients:**  
(619) 429-3733

### HEALTHY CONNECT SAN DIEGO

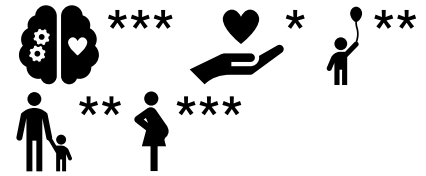
1202 MORENA BLVD  
SAN DIEGO, CA 92110  
 **Phone:** (619) 507-9333  
 **After Hours Phone:** (619) 507-9333  
 **Hours:** M-F 8AM-4PM  
 **Accessibility:** CONTACT PROVIDER  
 **Website:** N/A  
**ECM Population of Focus:**



**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  
 **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:**



\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

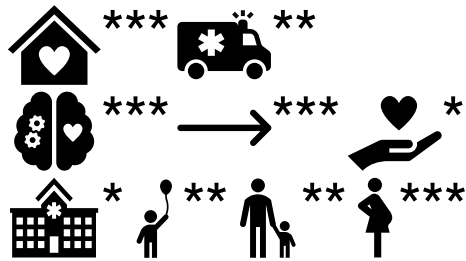
Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

# K. Other Services Providers (Community Supports, Enhanced Care Management)

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:

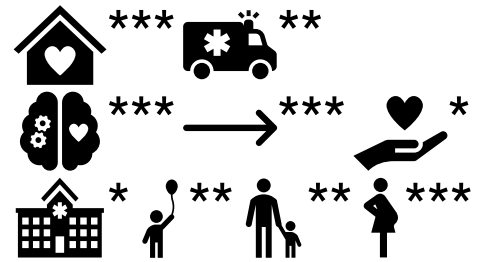


Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining

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 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

\*Adults \*\*Children \*\*\*Both Adults and Children







†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

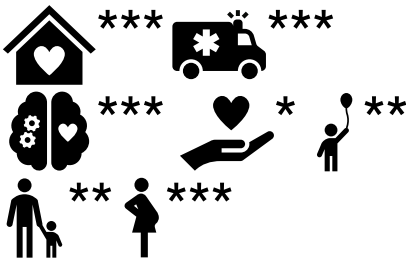
Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## K. Other Services Providers (Community Supports, Enhanced Care Management)

### 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

### 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

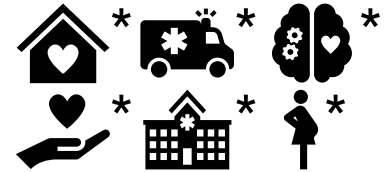
Community Supports Services:  
 Housing Tenancy and  
 Sustaining Services, Housing  
 Transition Navigation Services  
 Street Medicine Provider: N

Phone for Existing Patients:  
 (818) 370-8184

### 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

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



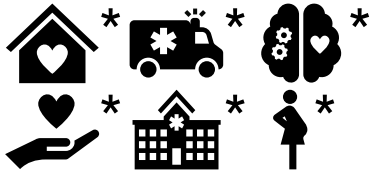
## K. Other Services Providers (Community Supports, Enhanced Care Management)

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

### 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

### 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

### 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:

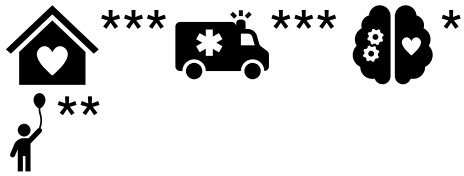
\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

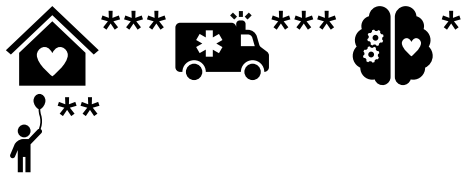
## K. Other Services Providers (Community Supports, Enhanced Care Management)



**Community Supports Services:**  
N/A  
**Street Medicine Provider:** N  
**Phone for Existing Patients:**  
(858) 279-0925

### SAN DIEGO FAMILY CARE

**Address:** 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:**

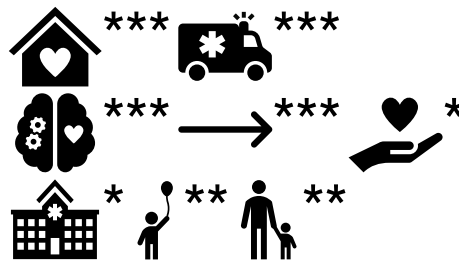


**Community Supports Services:**  
N/A

**Street Medicine Provider:** N  
**Phone for Existing Patients:**  
(858) 810-8700

### SERENE HEALTH

**Address:** 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

### LA MAESTRA COMMUNITY HEALTH CENTERS

**Address:** 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:**



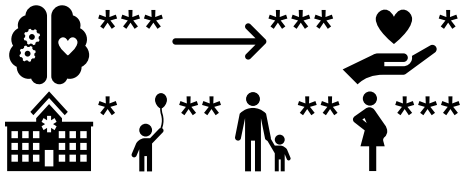
\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## K. Other Services Providers (Community Supports, Enhanced Care Management)



*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**

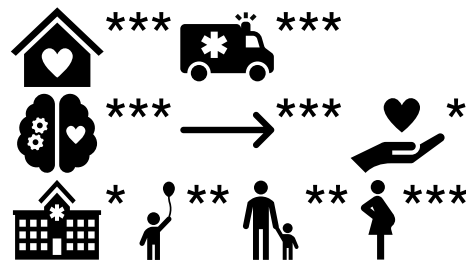
### **CENTERS**

**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  
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*

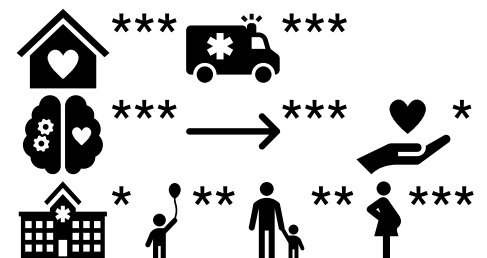
### **LA MAESTRA COMMUNITY HEALTH CENTERS**

**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:*



\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at

blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

# K. Other Services Providers (Community Supports, Enhanced Care Management)

Community Supports Services: N/A

Street Medicine Provider: N  
Phone for Existing Patients: (619) 510-4641

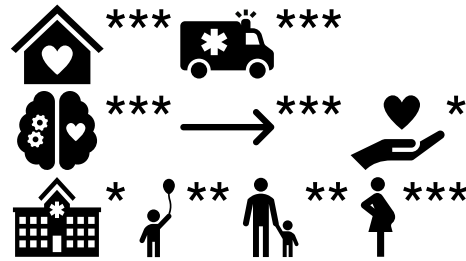
Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

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) 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

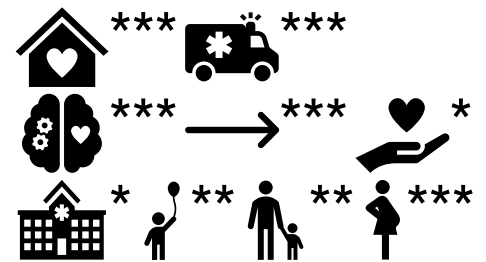
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

## 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:



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

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

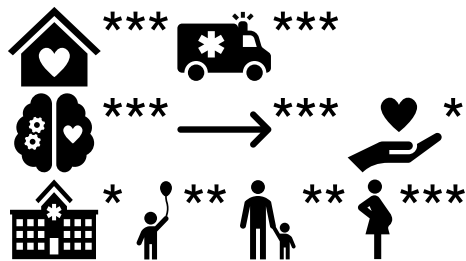
# K. Other Services Providers (Community Supports, Enhanced Care Management)

*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*

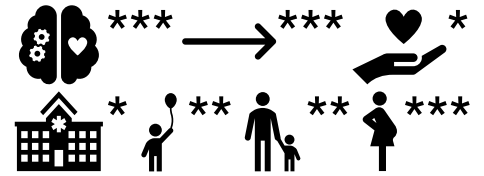
*Phone for Existing Patients:  
 (619) 510-4641  
 Mailing Address: 4060  
 FAIRMOUNT AVE;SAN  
 DIEGO;CA;92105*

*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

 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

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

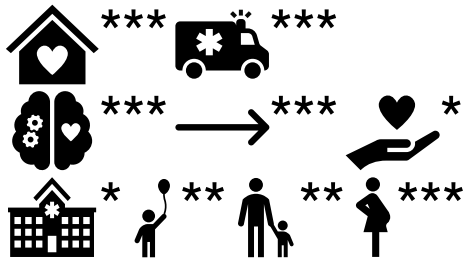
Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## K. Other Services Providers (Community Supports, Enhanced Care Management)

-  Phone: (619) 510-4641
-  After Hours Phone: (619) 510-4641
-  Site Languages(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

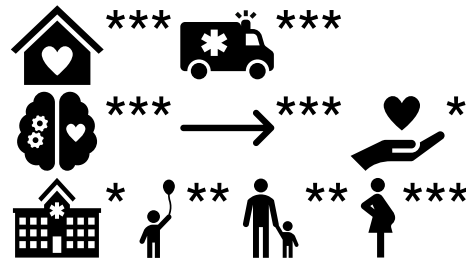
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)

JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

-  4187 FAIRMOUNT AVE SAN DIEGO, CA 92105
-  Phone: (619) 510-4641
-  After Hours Phone: (619) 510-4641
-  Site Languages(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

### 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:

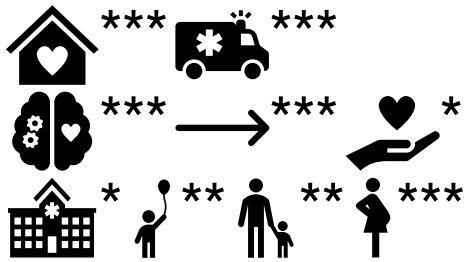
\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## K. Other Services Providers (Community Supports, Enhanced Care Management)



Community Supports Services:  
N/A

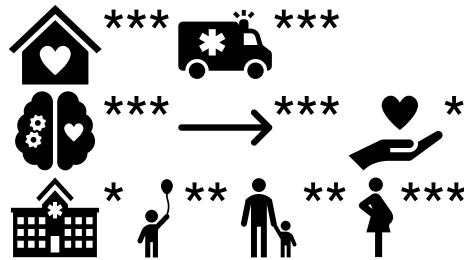
Street Medicine Provider: N  
Phone for Existing Patients:  
(619) 510-4641

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

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

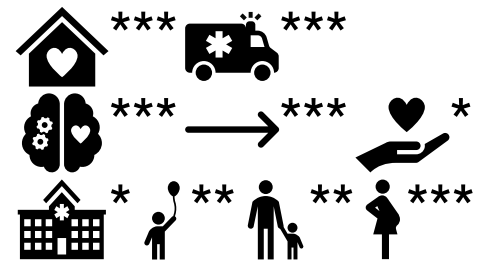
Mailing Address: 4060  
FAIRMOUNT AVE;SAN  
DIEGO;CA;92105

Jl ECM Provider Billing- Direct  
Contract with Correctional  
Facilities;Jl ECM Provider  
Billing- FFS (PAVE Enrollment)

Jl ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 510-4641  
After Hours Phone: (619)  
510-4641  
Accessibility: CONTACT  
PROVIDER  
Website: N/A  
ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for Existing Patients:

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.

## K. Other Services Providers (Community Supports, Enhanced Care Management)

(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

### 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

Jl ECM Provider Billing- FFS  
(PAVE Enrollment)

Jl ECM Provider

Services-Pre-Release Services

and Participating in Warm

Handoffs;Jl ECM Provider

Services-Warm Handoffs Only

**SAN MARCOS**

**MERAKEY ALLOS**

334 VIA VERA CRUZ STE

204

SAN MARCOS, CA 92078

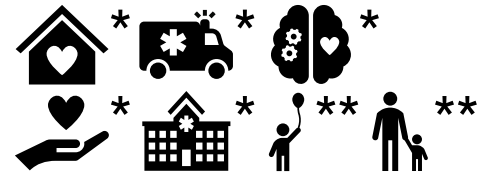
Phone: (916) 832-4868

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

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.




Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at

blueshieldca.com/promise/medi-cal. Information in this provider directory is subject to change.



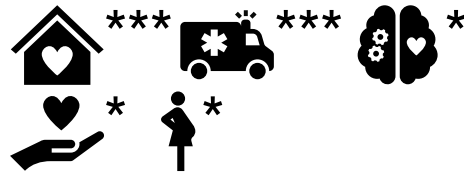
## K. Other Services Providers (Community Supports, Enhanced Care Management)

 *Site English Spoken: Y*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: [www.americareadhc.com](http://www.americareadhc.com)*

*Cultural Competency: N*

*Accepting New Patients: No*

*ECM Population of Focus:*



*Community Supports Services:*

*N/A*

*Street Medicine Provider: N*

*Phone for Existing Patients:*

*(760) 631-5000*

*Community Supports Services:*

*N/A*

*Street Medicine Provider: N*


*Phone for Existing Patients:*


*(760) 682-2424*

### 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:*

\*Adults \*\*Children \*\*\*Both Adults and Children

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Street Medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness

Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at

[blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities

### 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

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

[.com/san-diego/](https://www.afcurgentcare.com/san-diego/)

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620

8260 MIRA MESA BLVD  
STE A  
SAN DIEGO, CA 92126

(858) 900-3550

(858) 900-3550

SU-SA 8AM-8PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### SAN DIEGO

#### 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

#### 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/>

#### 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/>

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# L. Blue Shield Promise Urgent Care Facilities


Accepting New Patients: No

## AFC URGENT CARE OF SAN DIEGO


NPI: 1952995466

 1740 ROSECRANS ST  
SAN DIEGO, CA 92106

 (619) 790-7800

 (619) 790-7800

 SU-SA 8AM-8PM


 *Accessibility:* CONTACT PROVIDER


 <https://www.afcurgentcare.com/san-diego/>


Accepting New Patients: No


## AFC URGENT CARE OF SAN DIEGO


NPI: 1952995466

 8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

 (619) 736-4600

 (619) 736-4600

 SU-SA 8AM-8PM


 *Accessibility:* CONTACT PROVIDER


 <https://www.afcurgentcare.com/san-diego/>


Accepting New Patients: No

## AFC URGENT CARE OF SAN DIEGO


NPI: 1558788620

 8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

 (619) 736-4600

 (619) 736-4600

 SU-SA 8AM-8PM

 *Accessibility:* CONTACT PROVIDER

 <https://www.afcurgentcare.com/san-diego/>


Accepting New Patients: No


## 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/santee/](http://www.afcurgentcare.com/santee/)

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


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities


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


**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


**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


**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*






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities






---

 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






**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

**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

*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





**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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.




## L. Blue Shield Promise Urgent Care Facilities

---

 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*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  
FNFTN**  
*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  
FNFTN**  
*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  
FNFTN**  
*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  
FNFTN**

*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  
FNFTN**  
*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  
FNFTN**  
*NPI:* 1669617197






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities

 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  
FNFTN**



*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  
FNFTN**






*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  
FNFTN**

*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  
FNFTN**

*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  
FNFTN**

*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  
FNFTN**

*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

**ESCONDIDO**

**RADY CHILDRENS**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities


---


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### **RADY CHILDRENS**

### **RADY CHILDRENS**

### **RADY CHILDRENS**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## L. Blue Shield Promise Urgent Care Facilities


---


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### **RADY CHILDRENS**

### **RADY CHILDRENS**

### **RADY CHILDRENS**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities


---


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### **RADY CHILDRENS**

### **RADY CHILDRENS**

### **RADY CHILDRENS**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities


---


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### **RADY CHILDRENS**

### **RADY CHILDRENS**


### **RADY CHILDRENS**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities


### SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No

### 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

### RADY CHILDRENS

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities


---


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

### RADY CHILDRENS

### SPECIALISTS SAN DIEGO MED


### FNDTN


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities

---

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED**

**FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED**

**FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED**

**FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED**


**FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT

CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED**

**FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED**

**FNDTN**





*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities


---





LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**






*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**




*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942



 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities

---





N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER





N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER





N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER





N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER




N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER





N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER



N/A

Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## L. Blue Shield Promise Urgent Care Facilities


---

### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


### **SPECIALISTS SAN DIEGO MED**

### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


### **SPECIALISTS SAN DIEGO MED**

### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


### **SPECIALISTS SAN DIEGO MED**

### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


### **SPECIALISTS SAN DIEGO MED**

### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


### **SPECIALISTS SAN DIEGO MED**

### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### **RADY CHILDRENS**

### **SPECIALISTS SAN DIEGO MED**

### **FNDTN**





*NPI:* 1669617197

 5565 GROSSMONT

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## L. Blue Shield Promise Urgent Care Facilities

---


CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**  
*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No



**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**  
*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2

LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**  
*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**  
*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**  
*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**  
*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities

---


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

**RADY CHILDRENS**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities


---


### **SPECIALISTS SAN DIEGO MED**

#### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


#### **SPECIALISTS SAN DIEGO MED**

#### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


#### **SPECIALISTS SAN DIEGO MED**

#### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


#### **SPECIALISTS SAN DIEGO MED**

#### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


#### **SPECIALISTS SAN DIEGO MED**

#### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**


#### **SPECIALISTS SAN DIEGO MED**

#### **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### **RADY CHILDRENS**

#### **SPECIALISTS SAN DIEGO MED**






#### **FNDTN**

*NPI:* 1669617197

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## L. Blue Shield Promise Urgent Care Facilities

---

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (858) 576-1700  
 (858) 576-1700  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**





*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (858) 576-1700  
 (858) 576-1700  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**





*NPI:* 1669617197

 5565 GROSSMONT

CENTER DR STE 2  
LA MESA, CA 91942  
 (858) 576-1700  
 (858) 576-1700  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**





*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (858) 576-1700  
 (858) 576-1700  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**





*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2

LA MESA, CA 91942  
 (858) 576-1700  
 (858) 576-1700  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (858) 576-1700  
 (858) 576-1700  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No





**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## L. Blue Shield Promise Urgent Care Facilities

 (858) 576-1700  
 (858) 576-1700  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

### OCEANSIDE





**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 (760) 547-1020  
 (760) 547-1020  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No





**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 (760) 547-1020  
 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 (760) 547-1020  
 (760) 547-1020  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 (760) 547-1020  
 (760) 547-1020  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 (760) 547-1020  
 (760) 547-1020  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 (760) 547-1020  
 (760) 547-1020  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities

---

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

**RADY CHILDRENS**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities


---

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## L. Blue Shield Promise Urgent Care Facilities


---

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities



N/A

Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDN**

*NPI: 1669617197*

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

(760) 547-1020

(760) 547-1020

*Accessibility: CONTACT  
PROVIDER*



N/A

Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDN**

*NPI: 1669617197*

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

(760) 547-1020

(760) 547-1020

*Accessibility: CONTACT  
PROVIDER*



N/A

Accepting New Patients: No

### SAN DIEGO

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDDN**

*NPI: 1669617197*

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

(858) 966-8800

(858) 966-8800

*Accessibility: CONTACT  
PROVIDER*



N/A

Accepting New Patients: No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDDN**

*NPI: 1669617197*

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

(858) 966-8800

(858) 966-8800

*Accessibility: CONTACT  
PROVIDER*



N/A

Accepting New Patients: No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDDN**

*NPI: 1669617197*

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

(858) 966-8800

(858) 966-8800

*Accessibility: CONTACT  
PROVIDER*



N/A

Accepting New Patients: No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDDN**

*NPI: 1669617197*

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

(858) 966-8800

(858) 966-8800

*Accessibility: CONTACT  
PROVIDER*



N/A

Accepting New Patients: No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDDN**





*NPI: 1669617197*

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123






Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities





---

 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**






*NPI:* 1669617197  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**






*NPI:* 1669617197  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER

 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**






*NPI:* 1669617197  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**






*NPI:* 1669617197  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**


*NPI:* 1669617197


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities

---

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities

---

NPI: 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

NPI: 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

NPI: 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

NPI: 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

NPI: 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

NPI: 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED  
FNDTN**

NPI: 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


**RADY CHILDRENS**


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities

---

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

**RADY CHILDRENS**

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


## L. Blue Shield Promise Urgent Care Facilities


### SPECIALISTS SAN DIEGO MED

#### FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


#### SPECIALISTS SAN DIEGO MED

#### FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


#### SPECIALISTS SAN DIEGO MED

#### FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


#### SPECIALISTS SAN DIEGO MED

#### FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No


### RADY CHILDRENS


#### SPECIALISTS SAN DIEGO MED

#### FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No


### RADY CHILDRENS


#### SPECIALISTS SAN DIEGO MED

#### FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### RADY CHILDRENS

#### SPECIALISTS SAN DIEGO MED

#### FNDTN

NPI: 1669617197

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.



## L. Blue Shield Promise Urgent Care Facilities

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**





*NPI:* 1669617197

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE

150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**





*NPI:* 1669617197

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**





*NPI:* 1669617197

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.





## L. Blue Shield Promise Urgent Care Facilities

---


 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No



**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197



 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197





 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905  
 (619) 280-2905


 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No




**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197





 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER


 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**  
*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105


 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No


Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.


# L. Blue Shield Promise Urgent Care Facilities

## RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


### 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

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## L. Blue Shield Promise Urgent Care Facilities

---

SA 10AM-6PM

 *Accessibility:* CONTACT  
PROVIDER

 <https://www.southbayurgentcare.com/>

Accepting New Patients: No

Contact Blue Shield Promise Customer Care at 1-855-699-5557 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information in this provider directory is subject to change.

## M. Primary Care Index

<b>2</b>	AL-NOURI, OMAR. .... 934, 1357, 1364	AMERICARE ADULT DAY HEALTH
2-1-1 SAN DIEGO.....1672	AL-TAMEEMI, AHMED. .... 369	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,	ANDAYA, MIKHAEL..... 433
ABOUL-HOSN, RYAN..... 1594	1065	ANDER, AZIZ..... 1392
ABRAMSON, RACHEL. .... 558	ALBORZIAN, SHERVIN..... 381	ANDERSON, ELAINE.679, 719, 755,
ACCESS TO INDEPENDENCE..... 1449	ALBRIGHT, KELSEY..... 901, 1297	950, 1138
ACEVEDO, SUSANA..... 643	ALDANA, NANCY..... 404	ANDREE, GREGOR..... 559, 1285
ACKROYD, ARCHIE..... 1627	ALDOUS, JEANNETTE.523, 632, 1143,	ANDREWS, BRAD. .... 1018
ACOSTA, AZUCENA. .... 1490, 1491, 1539	1402	ANDREWS, JOHN..... 523
ADAMI, REBECCA. .... 952, 1161, 1162	ALEXANDER, BRENTON. .... 794, 1052	ANDRY, JAMES. .... 712, 714, 940, 1368
ADAMS, LAURA..... 933, 1356	ALFONSO, ALVIN..... 815, 1100	ANWAR, YASMIN. .... 992, 1407
ADAMS, MONA..... 1563, 1570, 1627	ALGHAMDI, ASMA. ... 365, 433, 619, 718	ANZA HOUSE. .... 1454
ADJAN, ROULA..... 382, 558	ALGHURAIBI, OHOUD..... 778	AOTO, KIM.665, 721, 742, 765, 766, 875,
ADLOUNI, LOUBABA..... 559	ALGRA, JEFFREY..... 991, 1295	957, 1004, 1214, 1215, 1546, 1557, 1564,
AFC URGENT CARE OF BONITA. 1682	ALIMONOS, LYSISTRATI.339, 375, 424,	1594, 1614, 1628
AFC URGENT CARE OF SAN DIEGO.	534, 535, 653	APPLEGET, JOSEPH..... 816, 1100
..... 1682, 1683	ALKATIB, RHONDA..... 1238	AQUINO, FELINO..... 430, 465
AFC URGENT CARE OF SANTEE. 1683	ALLEN, ELIZABETH..... 896, 1234	ARAIZA, ERNESTINA. .... 722, 1464
AGHILI, ROXANA.696, 769, 1032, 1247,	ALLEN, KATHERINE. .... 422	ARBOR HILLS NURSING CENTER.
1248	ALLERS, JENNA..... 902	..... 1446
AGING & INDEPENDENCE	ALLSUP, VICTORIA..... 1285	ARCE GOMEZ, LAURA..... 328
SERVICES..... 1460	ALOTAIBI, MONA. .... 851	ARCHAMBAULT, CHRISTIAN..... 559
AGNIHOTRI, PARAG. .... 1158	ALSHEIKH, HUDA..... 417	ARCHIBALD, JOHN..... 1580, 1628
AGUERO, AMETHYST..... 403	ALSTEEN, STEPHANIE. .... 1065	ARELLANO, JACQUELINE.730, 802,
AGUERO, PETER. .... 1342, 1343	ALTAMIRANO, LEON. .... 1396, 1533	1062
AGUEY, OMAR. .... 659	ALVARADO HOSPITAL LLC..... 1435	ARIELLA, LYNDA. .... 1397, 1533
AGUILA, YESENIA. .... 1065	ALVARADO, EDMUND..... 577	ARLATA, TAMANTHA. .... 651
AGUILAR, EDITA. .... 404	ALVAREZ, LISA..... 465	ARLINGHAUS, RENE..... 1468
AGYEMANG, ALBERTA. .... 803	ALVAREZ-ESTRADA, MIGUEL.493,	ARMANI, AVA. .... 750, 934, 1357, 1431
AHMAD, AAKIF..... 491	619, 1124, 1399	ARMEEN, GARY. .... 902, 1298
AINSWORTH, DELISSA..... 901, 1297	ALYAS, ALISIA..... 385, 386	ARMENTA, JORGE. .... 386, 445, 578
AISAGBONHI, OMONIGHO..... 896	AMADOR, LINDSAY. .... 815, 1100	ARNOLD, REBECCA. .... 1464
AKASHI, MARC..... 346	AMANAT, SOROOSH..... 327	AROCHO-SALGADO, MIRELIS.710,
AKONG, KATHRYN..... 1280	AMANI, RAMIN. .... 661	783, 1349, 1350
AKRAMI, KEVAN. .... 727	AMANN, CHRISTOPHER.728, 820, 1112	ARONLEE, TRACY..... 1502, 1503
AL ANI, NAJWAN. .... 364	AMARAL, MARGARET..... 870	ARRIETA, IRIS..... 1423
AL KHIAMI, BELAL. .... 852, 974	AMAYA SPRINGS HEALTH CARE	ARRIETA, NOEMI..... 396, 619, 1399
AL NAHLAWI, BASMA..... 1398, 1399	CENTER. .... 1453	ARROYO VISTA NURSING CTR. ... 1450
AL-DAHHAN, ZAID..... 760	AMAYA, RICARDO..... 356	ARTS, SERENA. .... 466
AL-MSHHDANI, AYSER..... 534	AMBO, STANLEY. .... 662	ARUTYUNOV, BORIS..... 1146
	AMBROSE, CHRISTOPHER. 668, 1430	ARVIZU, PALOMA. .... 422

# M. Primary Care Index

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, 1033, 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, 612
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	BELL, TRACY.....	1124, 1125		
BALL, SHELDON.....	1146, 1147				

# M. Primary Care Index

BLISS, MORGAN.743, 766, 980, 1031, 1218	BRIONES COLMAN, FELICIA..... 524	CALDERON MORALES, ASTRID.710, 783, 1350
BLOCKER, NIRIT..... 589	BRODERICK, RYAN..... 1358, 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..... 1630, 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..... 1009
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, 1326, 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. Primary Care Index

CARRILLO, MARITZA..... 326, 491, 677	CERVANTES, SANDRA.340, 376, 425, 539, 540, 654	CHENG, KAREN. .... 920, 1328
CARRION GELABERT, ANA. .... 673	CEVALLOS, JAMES..... 434, 621	CHENG, YU TSUN. .... 994, 1370
CARROLL, JEANNE. .... 1170	CHA, DANIEL ..... 1550	CHERRY, REENA. .... 903
CARSON, COREY..... 496	CHAIN, PEI CHI. .... 693, 1631	CHESHER, NICHOLAS.915, 1313, 1480, 1505
CARSON, LATISA. .... 638	CHAIT LLAMAS, LWBBA..... 644	CHEW, WESLEY..... 1597
CARSON, STEPHEN..... 561	CHAKRABARTI, PRIYA.340, 376, 425, 540, 541, 654	CHEWNING, RUSH..... 1328
CARSWELL, AIMEE. .... 920, 1327	CHALMERS, VIRGINIA..... 1491	CHIARAPPA, FRANK..... 941, 1370
CARTER, CAITLIN..... 1279	CHAMBERS, KATRINA..... 731	CHIEN, PEI. .... 927
CARTER, KHALIL.340, 376, 425, 537, 538, 539, 653	CHAN, ANDY..... 524	CHILAKA, SAMUEL. .... 1009, 1410
CARTER, NATASHA..... 491	CHAN, KWOK FUNG. .... 1551, 1558	CHILDERS, DIANA ..... 841, 842, 1141
CARVALHO, DANIELA..... 980, 1220	CHAN, TIFFANY..... 578	CHIRIBOGA, MEGAN ELISE..... 1010
CASA PACIFICA ADHCC..... 1459	CHANG, AMY..... 491	CHISHOLM, KAREN. .... 1552
CASEY, SHANNON..... 723, 1465	CHANG, JOHANNA..... 746, 1284	CHISWICK, GARY.322, 394, 459, 464, 612
CASILLAS BERUMEN, SERGIO.711, 784, 1360	CHANG, TOM..... 1565, 1572, 1596	CHITKARA, PUJA. .... 709
CASTANER, ZALYA ..... 397, 658	CHANTALA, ELIZABETH..... 1068	CHIU, STEPHAN.871, 956, 1565, 1584, 1597
CASTELLANO, TIFFANY..... 822, 1114	CHAPIN, DENISE. .... 322	CHOATE, BERNADETTE..... 1069
CASTELLANOS, JOEL ..... 800, 1058	CHARP, KENNETH. .... 387	CHOI, JI. .... 1010
CASTELLANOS, LUIS..... 1060	CHASE AVENUE FAMILY HEALTH CTRS INC..... 55, 56	CHOI, JIHOON. .... 941, 1370
CASTELNOVI, CLAUDIA. .... 562	CHASE AVENUE FAMILY HEALTH CTRS INC, ..... 368	CHOI, NATHALIE. .... 818, 1104
CASTILLEJOS, DAVID..... 1551	CHASE, AVA LOU..... 467	CHONG, AMY..... 1287
CASTILLEJOS, MARIA. .... 1551	CHASE, AVA LOU..... 467	CHOO, SUN. .... 1033, 1250, 1275
CASTILLO, PATRICIA. .... 578, 1299	CHATFIELD, ALEXANDRA..... 775, 1047	CHOU, BILL..... 497
CASTILLO, STEPHANIE..... 621	CHAU, PETER. .... 1241	CHOW, BYRON. .... 405
CASTILLO, TIFFANY..... 1469, 1470	CHAUSSE CASTRO, EKATERINA.... 615	CHOW, MAN HUNG. .... 633
CASTLE MANOR NURSING AND REHABILITATION CTR..... 1447	CHAVARRIA, JESSICA. .... 589	CHRISTENSEN, PATTI..... 1470
CASTLEBERRY, DANI..... 1461	CHAVEZ, ALEXANDRIA..... 1069	CHRISTIANSON, WARREN.1491, 1492, 1539, 1540
CASTRO, DAVID. .... 967, 1108	CHEATHAM, BRITTANY. .... 1069	CHRISTIE, PATRICIA..... 788
CASTRO, JORGE..... 662	CHELVAKUMAR, GAYATHRI..... 1051	CHRISTY, TYLER..... 1010, 1411
CAUCHI, CAROLINE GUERRERO.1596	CHEN, ALICE... 822, 823, 833, 1115, 1126	CHU, CHRISTOPHER.745, 774, 989, 1037, 1273
CEBALLOS, JACQUELINE CAMILLE. .... 1505	CHEN, ANDREW..... 756, 1045	CHUDACEK, JANET. .... 716
CELAYA, PATRICIA..... 702, 1462	CHEN, EILEEN. .... 562	CHULA VISTA FAMILY HLTH CTR.27, 28, 29, 30, 31, 32, 33, 34, 35, 50, 51, 52
CELESTIN-RAMSEY, AKANKE. .... 467	CHEN, JENNIFER..... 562	CHULA VISTA FAMILY HLTH CTR, . .... 336
CELESTINO, MISHEL..... 1395	CHEN, KENNETH. .... 973, 1432	CHULA VISTA PEDIATRICS. .... 54
CELIZ, ADRIANA. .... 615	CHEN, LESLIE..... 1632	CHULA VISTA PEDIATRICS, ..... 336
CENTRO MEDICO EL CAJON.68, 69, 71, 72	CHEN, MARGARET..... 403	CHUN, HYUN..... 497
CENTRO MEDICO EL CAJON, ..... 368	CHEN, MING. .... 455	CHWA, JEFFREY..... 710
CENTRO MEDICO ESCONDIDO, .. 401	CHEN, TONY..... 1382	CIDAMBI, EMILY. .... 1041, 1370, 1371
CERNELC KOHAN, MATEJKA.745, 1281	CHEN, TSUH YIN. .... 338, 633	CIOBANU, COSMINA. .... 1506
	CHEN, YU-WEI. .... 838, 1138	
	CHENG, BRANDON..... 704, 791, 1005	
	CHENG, EULALIA..... 1281	
	CHENG, GEORGE..... 844, 1147	



# M. Primary Care Index

CISZEK, ALEXANDRA.....	1011	COTTONWOOD CANYON		DANG, ERIC.....	1345	
CLARK, MELISSA.....	710, 783, 1351	HEALTHCARE CENTER.....	1441	DANG, KAYLEE.....	1345	
CLARK, SKYLAR.....	650	COUGHLIN, DAVID.....	860, 1182, 1183	DANIELS, SARAH.....	456	
CLARY, BRYAN.....	934	COULLAHAN, JESSICA.....	405	DAO, MARC.....	1423	
CLAUDAT, KIMBERLY.....	915, 1480	COUNTRY HILLS HEALTH CARE		DAPPEN, AMANDA.....	498	
CLAY, CORRIE.....	418, 961	CENTER.....	1441	DASCENZO, EMILY.....	388	
CLEMENT, LUIS.....	1313, 1507	COUNTRY HILLS POST ACUTE.....	1441	DAVE, SHRAVAN.....	834, 1132	
CLEMENTINO, NANCY.....	392	COUNTRY MANOR LA MESA		DAVIDSON, JOHN.....	702, 1004	
COBB, DAMON.....	1047	HEALTHCARE CENTER.....	1446	DAVIES, SUMMER.....	806, 1071	
COBIAN, VANESSA.....	397	COX, VICTORIA.....	397	DAVIS, CHRISTOPHER.....	767, 982, 1241	
CODEN, DANIEL.....	1584	COYNE, CHRISTOPHER.....	1115	DAVIS, DEIRDRE.....	498	
COFFEY, CHARLES.....	879, 1220, 1221	CRAFT, KEVIN.....	715, 786, 1063, 1407	DAVIS, JADE.....	1632, 1633	
COHEN, CARA.....	405	CRANDAL, BRENT.....	915, 1481	DAVIS, JANET.....	1071	
COHEN, MANSOUR.....	1192	CRAWFORD, ELWARD.....	946	DAVIS, KELLE.....	666, 680, 714, 719, 1138	
COLEMAN, BROOKE.....	1581, 1632	CRAWFORD-DAY, ANN.....	1535	DAVIS, MORGAN.....	557	
COLEMAN, LORI.....	704, 781, 963, 1324	CRAYCHEE, LEO.....	659	DAY, CHRISTOPHER.....	443	
COLEMAN, PAGE.....	1070	CRIBE, TAYLOR.....	903	DE CASTRO, SHARLENE.....	996	
COLLINS, CATHLEEN.....	982, 1115, 1239	CRISOL, CAROLINE.....	1507	DE DIOS, SARAH.....	673, 806, 1071	
COLLINS, RESENIA.....	870	CROSS, JOHN.....	1204	DE LA ROSA, JOSE.....	633	
COLLINS, WILLIAM.....	497	CRUZ RODRIGUEZ, JOSE.....	852, 1159	DE MIK, TRAVIS.....	341, 377, 426, 541, 542, 654	
COMUNALE, RODERICK.....	1002	CRUZ, GUADALUPE.....	1465	DE SILVA, NIHAL.....	1404	
CONCORS, ANDREW.....	589	CRUZ, MICHAEL.....	327, 618	DEACON, CASSIE.....	1507	
CONE, STEPHANIE.....	382, 383, 443, 562	CRUZ, VANESSA.....	1493, 1494, 1540, 1541	DEAN, MOENA.....	1547, 1558, 1565, 1584, 1597, 1598, 1615, 1633	
CONNER, PAMELA.....	804, 805, 1070	CSAPOCZI, PETER.....	524	DECONDE, ADAM.....	880, 1221	
CONNOR, CAROLINE.....	805, 1070	CUMMINGS, GEORGE.....	356, 388, 589	DEIS, CRISTINA.....	677	
CONNOR, JEFFREY.....	1581	CUNNINGHAM, ISIS.....	996	DEISS, ROBERT.....	1143	
CONRAD, HEATHER.....	1251	CUNNINGHAM, STEPHANIE.....	789	DEL AGUILA, FABIOLA.....	1313, 1508	
CONRAD, RANDALL.....	1597	CURET, ZULMA.....	405, 461	DEL CAMPO CASANELLES, MIGUEL.....	1137	
CONSTANTINO, STEPHANIE.....	652	CURLEY, EDWARD.....	455, 456	DEL RE, AMANDA.....	411	
CONTRERAS, LORETTA.....	578	CURRAN, BRIAN.....	795, 1053	DEL RE, ANGELO.....	1251	
COOK, SHERYL.....	1039, 1493	CURTIS, MEGAN.....	524	DEL ROSARIO, GELEN.....	1002, 1003	
COOKISH, DAVID.....	903	CUTCHON, SYDNEY.....	776	DEL ROSARIO, PAMELA.....	856, 1170	
COOPER, MICHAEL.....	1581, 1632	CYMBALUK, ANNA.....	1272	DEL VECCHIO, MEGAN.....	1072	
CORDES, WILLIAM.....	563	CZYPULL, MONICA.....	805	DEL CORE, LAURA.....	739, 863, 1192, 1193	
CORDOBA, MIGUEL.....	348	<b>D</b>			DEMASCO, MICHAEL.....	904
CORMAN, DANIEL.....	365, 498	DAGOSTINO, JACQUELINE.....	705	DEMLINGER, GLENN.....	1663	
CORONADO, MYRNA.....	316, 621	DAHMS, ERIC.....	525	DEMOOR, PATRICIA.....	904	
CORRY, ANDREA.....	363	DAHMS, MADELYNN.....	590	DENTICO-OLIN, MARC.....	1217, 1218	
CORTEZ, AARON.....	1344	DAIRO, BRANDON.....	670, 752, 1008, 1058, 1059	DEPAOLO, AMANDA.....	1536	
CORTEZ, JAIME.....	1419	DALAL, PRITHA.....	991, 1296	DERISSI, DANA.....	1299	
CORTIZO, ROSA.....	1397, 1533	DALHOUMI, SARAH.....	338	DEUTSCH, KAREN.....	1072	
CORVINI, NICOLAS.....	776	DALUGDUGAN, ESTHER.....	622, 1400	DEVERA, GEMMIE.....	697, 984, 1251	
CORY, ALLISON.....	1412	DAMANI, SAMIR.....	853, 1000			
COSINO, ANJELICA.....	1071	DANESHMAND, SHAHRAM.....	639			
COSTELLO, MARK.....	1344					

# M. Primary Care Index

DHARKAR SURBER, SAPNA.. 430, 467	DORWART, ELIZABETH.....1252	ELO, KRISTIN.....961
DIA, ALI..... 1465, 1536	DOSHI, AMI.....1287	ELSAIED, MOHAMMED..... 328, 329
DIAMOND NEIGHBORHOODS	DOSHI, NEELIMA..... 406	ELSTER, JENNIFER.....1276
FAMILY HLTH CTRS INC.209, 210, 211, 212, 213, 214, 224, 225, 226, 227, 228, 229, 230, 231	DOSS, KATIE.....1509	EMERUWA, UKACHI..... 854, 1162
DIAMOND NEIGHBORHOODS	DOUGHERTY, CHRISTINE.1494, 1541, 1542	EMPIE, KRISTEN.....418
FAMILY HLTH CTRS INC, ..... 514	DOUGHERTY, CLARA.700, 714, 747, 904, 961, 1300	ENCINITAS NURSING AND REHAB CTR..... 1443
DIAZ, JAENAI.....1508	DOVE, KATHERINE..... 1183	ERICKSON, LISA.....1074
DIEP, KEVIN..... 525	DOWNTOWN FAMILY CTR AT CONNECTIONS..... 231, 232	ESCONDIDO CARE CENTER..... 1444
DIETERICH, FREDERICK..... 1424	DOWNTOWN FAMILY CTR AT CONNECTIONS, ..... 515	ESCONDIDO FAMILY HEALTH CENTER, ..... 401
DILLMAN, ARIANA..... 674	DRAME, SALWA..... 579	ESKANDER, RAMEZ.734, 837, 1022, 1422
DILLON, BENEDICT..... 634	DRIEBE, AMY. 739, 740, 863, 864, 1194	ESTAVILLO, SAUL..... 1510
DILLON, MAYRA..... 434, 998	DRISCOLL, KARRIE..... 807, 1073	ESTRADA PATINO, ANGELA.779, 1470
DIMAIRA, FRANCESCA..... 806, 807	DRISCOLL, SUSAN.358, 996, 997, 1073	ESTRADA, JOHANNA..... 622
DING, HILDA.....1276	DSOUZA, NICOLE.....1509	<b>F</b>
DINH, MY..... 640, 1403	DUARTE, KRISTEN..... 915, 916, 1481	FABELLA, GABRIEL.....526
DIOKNO, RHODA..... 1313, 1508	DUARTE, ZULMA.....1051	FABRIKANT, JORDAN..... 1110
DIXIT, SHUBHAM..... 525	DUBE, BIANCA.....312	FADARE, OLUWOLE.....894, 1233
DIXON, SARAH.....563	DUMMER, KIRSTEN..... 983, 1242	FAIRBANKS, TIMOTHY.751, 993, 1042, 1360
DJEKIC, KRISTINA..... 845, 1147	DUNN-PIRIO, ANASTASIE. 1183, 1509	FALLBROOK FAMILY HLTH CTR...100
DO, ELAINE..... 468	DUONG, CHERYL..... 1581, 1633	FALLBROOK FAMILY HLTH CTR, ... 411
DO, HULBERT..... 1390, 1391, 1408	DUONG, KIM.....1572, 1633	FALLBROOK SKILLED NURSING.1445
DO, STEPHANIE..... 984, 1252	DUONG, MAI.....370	FAMBRO, CYNTHIA..... 498
DO, THOMAS..... 1241	DUSTIN, ADAM.....748	FAMILY HEALTH CENTERS OF SAN DIEGO.....1671
DOAN STEPHENS, CRYSTAL.522, 1287	DWYER, ERIN.....731, 1074	FAMILY HEALTH CTR IBARRA.222, 223, 232, 233
DOAN, ANGELA..... 1073	DY, DIANE..... 328	FAMILY HEALTH CTR IBARRA, ..... 515
DOAN, CHINH.....463, 593, 594	DYER, SHARON.1547, 1558, 1565, 1584, 1598, 1615, 1616, 1634	FAMILY HEALTH CTR OF SD- ELM ST, ..... 515
DOCKERY, LEE..... 1470	<b>E</b>	FAMILY HEALTH CTR OF SDELM ST. ..... 219, 220
DOKICH, SRETENKA..... 413	ECLARINO, GALELEO..... 1074	FAMILY HEALTH CTR SAN DIEGO-OAK PARK.....220, 221
DOLLAND, STEVEN..... 816, 1102	EDMONDS, ERIC.....784, 1371	FAMILY HEALTH CTR SAN DIEGO-OAK PARK, ..... 515
DOLMETSCH, JEANETTE..... 579	EICHEN, DAWN..... 916, 1481, 1482	FAMILY HEALTH CTR SD NATIONAL CITY..... 123, 124, 125
DOLNAK, DOUGLAS.....1508	EICHENFIELD, DAWN.....1247	FAMILY HEALTH CTR SD NATIONAL CITY, .....438
DOMINGUEZ, DENNIS.....365	EINSTEIN, ERIC..... 674	
DOMINGUEZ, FERNANDO..... 525	EISENSTEIN, SAMUEL..... 1353, 1354	
DON, MICHELLE..... 897, 898	EKANAYAKE, PREETHIKA.....1121	
DONALDSON, CHADWICK..... 667	EKHOLM, JANNA.....1104	
DONG, TAMMY.....348	EKPENYONG, ATIM..... 1253	
DONNELL, MARTI.....449	EL CAJON ADHC.....1457	
DONOFRIO-ODMANN, JOY.....1252	ELKIND, JAE..... 898	
DORINGO, ELAINIE..... 348	ELLEDGE, LINDSAY.....1482	
DORN, TIA..... 423		
DORSEY, KYLE.....705		
DORUELO, ASHLEY.341, 377, 426, 542, 543, 654		

## M. Primary Care Index

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL.....	217, 218, 219	FIRESTEIN, CATHERINE.....	842, 1142	FU, KATHERINE.....	1471
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.....	1253	FULKS, ZACKARY.....	717, 967
FAMILY HLTH CTR SAN DIEGO-BEACH AREA.....	219, 233, 234, 235, 236, 237, 238, 239, 240	FISHER, JENNIFER.....	1342	FUNARI, CHRISTOPHER.....	776
FAMILY HLTH CTR SAN DIEGO-BEACH AREA, .....	516	FISHER, SLOANE.....	1075	FUNDINGSLAND, BRENT.....	796, 1054
FAMILY HLTH CTR SAN DIEGO-EL CAJON.....	57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 75, 76, 77	FISHMAN, ELENA.....	563	<b>G</b>	
FAMILY HLTH CTR SAN DIEGO-EL CAJON, .....	368	FITZGERALD, MICHAEL.....	1511	GAFFEY, ANN.....	936
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC.....	35, 36	FLANIGAN, MARILYN.....	1489, 1511	GAHM, CLAIRE.....	1253
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC, .....	336	FLEMING, DAVID.....	429	GAINOR, GRETCHEN.....	414
FAMILY HLTH CTR SAN DIEGO CITY COLLEGE.....	156, 157, 158	FLEMING, JOHN.....	1613, 1660	GALASSO, MADISON.....	675
FAMILY HLTH CTR SD HILLCREST.....	158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171	FLEMING, SARAH.....	685, 1170	GALLARES, DANIEL.....	424
FAMILY HLTH CTR SD HILLCREST, .....	516	FLEMING, TARA.....	383	GALLO, LINDA.....	703, 1462
FARASAT, SADAF.....	526	FLETCHER, EMILY.....	348	GALUST, HENRIK.....	823
FARRAR, COURTNEY.....	1040, 1345	FLINN, SCOTT.....	1044	GANDHI, ANAND.....	492
FARSHLER, ANTHONY.....	788	FLINT, JAMES.....	941, 1371, 1372	GANDHI, SHEETAL.....	414
FATLAND, SARAH.....	449, 450	FLORES, ERNEST.....	349	GANESAN, ANUSHA.....	1276
FAZELI, SOUDABEH.....	920, 1329	FLORES, JOE.....	499	GANGJI, SHAZMIN.....	776
FEJLEH, ASHLEY.....	795, 1053	FLYNN, DANIELLE.....	1397, 1533	GANTA, SRUJAN.....	1380
FEJLEH, MOHAMMAD.....	834, 835	FODDA, RAMI.....	594, 595, 1386	GARA, NAVEEN.....	755
FELD, KEREN.....	1075	FOLCH TORRES-AGUIAR, BEATRIZ.....	341, 426, 543, 544, 655	GARCIA, CALVIN.....	817, 1102
FERNANDEZ LEYVA, JUAN.....	323	FONTANA, LOUIS.....	1536	GARCIA, CARLOS.....	349
FERRAILOLO, NATALIE.....	397, 421	FORCIER, NANCY.....	921, 1329, 1330	GARCIA, DEANA.....	579
FERRARA, SAMANTHA.....	962	FORSMAN, SHANA.....	394	GARCIA, JENNI.....	1161, 1512
FERRITER, STACY.....	817, 1102	FORTUNE, ERIN.....	563, 564	GARCIA, JOHNNY.....	358, 468
FIELDING, JOSEPH.....	590	FORZANI, CHRISTINA.....	1314, 1511	GARCIA, KARLA.....	329
FIGUEROA RODRIGUEZ, BRENDA.....	383	FOWLER, KATHRYN.....	921, 1330	GARCIA, RAFAEL.....	349, 444
FINCH, CHRISTINA.....	1281, 1349	FOX, KENNETH.....	1380	GARCIA, REGINA.....	1387
FINN, DAPHNA.....	1482	FRAGOSO, DOMINIQUE.....	1465	GARCIA, RICHARD.....	1512
FIREIZEN, YARON.....	1282	FRANCIS, LARRY.....	966	GARCIA, ROSEMARIE.....	1467
		FRANK, GUIDO.....	1511	GARCIA, TEDAYSHIA.....	616
		FREDERICK, ALIYA.....	1184	GARCIA-SANDOVAL, DAMARIS.....	1401
		FREEMAN, WANDA.....	595, 713, 1386	GARFF, KEVIN.....	1658
		FRENCH, TONIANNE.....	675	GARIBYAN, VARTAN.....	465
		FRENETTE, CATHERINE.....	521	GARTH, MELISSA.....	807, 1075
		FRESNO, BLANCA.....	349, 443	GEE, JENNIFER.....	966, 1028, 1425, 1426
		FRIEDMAN, JAIME.....	564	GELBERG, ANNA.....	845, 1148
		FRIEDMAN, RICK.....	881, 882, 1222	GENG, BOB.....	1239
		FRIENDSHIP MANOR NURSING AND REHABILITATION CTR.....	1448	GENOVESE, KELLY.....	1011
		FRIESEN, TZYYNONG.....	743, 766, 980, 1031, 1223	GEORGE, BRUCE.....	1582, 1664
		FRUGONI, GINA.....	1195	GEORGE, JENNIFER.....	357
		FRY, LIANE.....	1511	GEORGE, KENDALL.....	1582, 1663
				GEORGIEV, MARY JO.....	1397, 1533
				GEPSHTEIN, YANA.....	486
				GERWER, JOHANNA.....	526
				GHAFAARI, DAUOD.....	315, 365

# M. Primary Care Index

GHAHREMANI, SIMIN.....	350, 644	GOVEA, ALAYN.....	853	GULLY, MICHELLE.....	997
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	<b>H</b>	
GLEASON ROHRER, GWEN.....	499	GRIESINGER, MICHAEL.....	675	HA, THU.....	468, 469, 1077
GLENN, TARA.....	1170	GRIFFITHS, KENNETH.....	499	HACHOLSKI, MARK.....	500
GODDARD, SHANNON.....	429	GRISSOM, MURRAY.....	921, 1330, 1331	HACINAS, REYNALDO.....	395, 616
GOEB, YANNICK.....	942, 1372	GROGAN, BRIAN.....	1195	HAI, FAIZI.....	521
GOGGIN, SAMANTHA.....	564	GROSS, MATTHEW.....	697, 770, 959, 985, 1033, 1254	HAIGHT, BRUCE.....	956, 957, 1003, 1599, 1600, 1616
GOLD, JEFFREY.....	760, 976, 977, 1184	GROSSMONT HOSPITAL.....	1435	HALEY, JESSICA.....	744, 767, 768, 1242
GOLDEN HILL POST ACUTE.....	1451	GROSSMONT HOSPITAL DP SNF.....	1446	HALGEDAHL, YI.....	447, 448, 659, 1412
GOLDEN LIFE ADHC.....	1458	GROSSMONT POST ACUTE CARE.....	1446	HALPERIN, JASON.....	1422
GOLDFINGER, SARAH.....	468	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC.....	293, 294, 295, 296, 297, 298, 299	HALVORSON, PAULA.....	788
GOLDING, IAN.....	1242	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC, .....	652	HAMDAN, AYAD.....	838
GOLDSTEIN, EDWARD.....	640, 1403	GROVE, JAY.....	784, 1049, 1431	HAMED, JACQUELYN.....	786
GOLDSTONE, ADAM.....	1572	GRUNVALD, EDUARDO.....	1148	HAMID, WAHIDA.....	359, 716
GOLLOGLY, HEIDRUN.....	1599, 1616	GUADARRAMA, IGNACIO.....	616, 673, 1076	HAMILTON, LISA MARIE.....	398, 500
GOMEZ, DANIELA.....	640, 1403, 1404	GUALTIERI, CHRISTOPHER.....	1207	HAMMETT, ERIN.....	338
GOMEZ, JUANITA.....	749, 1314, 1467, 1513	GUAN, HOWARD.....	1393, 1394, 1658	HAMMOND, CHARLES.....	842, 1142
GOMEZ, LESLIE.....	808, 1076	GUARDADO-SOTO, RAQUEL.....	723, 1466	HAMOUIE, JUDY.....	1559, 1566, 1572, 1600
GONZALES, MICHELLE.....	357	GUERIN, CHRIS.....	831, 1121	HAN, ANGELA.....	1387
GONZALEZ, ANDRES.....	730, 1386	GUIDI, CASEY.....	787, 1419	HAN, FREDERICK.....	971, 1059
GONZALEZ, CLAUDIA.....	1478	GUIDO-ESTRADA, NATALIE.....	977, 1185, 1191	HAN, KYOUNG.....	1048
GONZALEZ, LISA.....	817, 1103	GUITTARD, JESSE.....	725, 823, 1116	HAN, SULKI.....	1559, 1600
GONZALEZ-GARCIA, CAROLINA.....	1536			HANLEY, LAUREN.....	341, 377, 426, 544, 545, 655
GOODRICH, ANDREW.....	823			HANNA, LINDSAY.....	809
GOODWIN, RACHEL.....	818, 1105			HANNAWI, ANDREW.....	1185
GORDON, BRENT.....	1242			HANNSUN, GEMMY.....	922, 1331
GORDON, CHRISTOPHER.....	366			HANONO, ABRAHAM.....	1583
GORGES, RANDA.....	370			HANONO, HELFON.....	1583
GORHAM, LAURA.....	697, 770, 1033, 1254			HANSEN, JOHN.....	565
GOSMAN, AMANDA.....	1375			HANSEN, LAWRENCE.....	895, 1233
GOTTESFELD, STEVEN.....	905				
GOULD, HILARY.....	703, 1462				

# M. Primary Care Index

HAPKE, ELENA.....	590	HERNANDEZ, SILVIA.....	1513	HOO, PAMELA.....	875, 1585, 1636
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, 1331
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.....	968
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.....	326	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.....	1670, 1671, 1672	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, 1636
HERMAN, ANDREA.....	645	HOGAN, ROSELYNN JOY.....	470	HUTCHISON, HEIDI.....	726
HERMAN, RACHEL.....	706	HOGARTH, MICHAEL.....	845, 1149	HUYNH, CHI.....	1637
HERMANSON, KATHLEEN.....	667	HOGUE, BRENNAN.....	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		
		HONG, KIMBERLY.....	794, 1051		
		HONOLD, JOSE.....	1171		

# M. Primary Care Index

IBARRA, MARTHA.323, 616, 617, 1079, 1399	JANNESARI, ROYA..... 753	JUSTINO, HENRI..... 1243
IBRAHIM, MAGED..... 406	JARDON, JAVIER.....381	<b>K</b>
ICHWAN, DANIEL..... 726	JAZBEH, SAMMER..... 923, 1332, 1333	KAFRI, HASSAN..... 374
IGNACIO, ROMEO..... 1361	JENKINS, ENCHANTA..... 641	KAHL, NICHOLAS.....311, 395
ILCHENA, ALESANDRA..... 488	JENNINGS, AMY.....1537	KAKAIYA, ROSHNI.....338
IMAM, SYED..... 1398, 1534	JENSEN, ADRIENNE.....359	KALBAKJI, NATALY.1547, 1566, 1573, 1586, 1602, 1617, 1638
IMPERIAL BEACH HEALTH CENTER..... 101, 1667, 1670	JENSEN, BRIAN..... 1040, 1495	KALRA, ANKUR.....1552, 1617, 1661
IMPERIAL BEACH HEALTH CENTER, ..... 413	JEONG, MATTHEW..... 527	KAMOTO, LYNN..... 648
IMUS, PAUL..... 419	JEWISH FAMILY SERVICE OF SAN DIEGO..... 1673	KANNAN, SWATI..... 1110
INDA, PRISCILLA..... 355, 700, 721	JI, AMANDA..... 657	KANTAS, PARIS..... 617, 674
INDRA, SEAN..... 985, 1255	JIANG, JUN..... 1149	KARANDE, PRACHI..... 707, 792, 1005
INGULLI, ELIZABETH.....1279	JIANG, WEN.....766, 981, 1226	KARAPETIAN, ELENA..... 1574
INOCELDA, ANDREW..... 668	JIMENEZ BACARDI, ADRIA..... 1289	KARI, ELINA... 886, 887, 981, 1226, 1227
INSTONE, SUSAN..... 471, 1080	JIMENEZ, ANDREA.706, 791, 792, 1005	KARMAKAR, KANKA..... 567, 1289
INTERFAITH COMMUNITY SERVICES..... 1667	JIMENEZ, KRYSTAL..... 329	KARP, MICHAEL..... 663
IRAGUIMADOZ, VICENTE..... 860, 1185	JIMENEZ, NANCY.....1537	KASAI, SARAH..... 1626
IRIZARRY, NICOLE.....591	JIN, MAN..... 871, 872, 1209	KASAWA, JOHN..... 366
ISAIAS, AGNELA..... 350	JINDAL, ANUJA.738, 760, 977, 1024, 1289	KATZ, JONATHAN..... 947, 1382
ISAKARI, MARCIA.....1204	JOHN, TANNER..... 1127	KATZ, YISRAEL..... 846, 1149
ISHIMINE, PAUL.....1255	JOHNSON, CHRISTINE.....1043	KATZMAN, BARRY.1547, 1559, 1603, 1618, 1638, 1639
ITURBE-ALESSIO, IGNACIO..... 680	JOHNSON, CHRISTOPHER.1613, 1660	KATZMAN, LEE..... 1556, 1602
IVANOV, MARGARET.....845	JOHNSON, DANIEL..... 412	KAUFER, DAVID..... 634
IYENGAR, RADHA..... 320, 321	JOHNSON, JENNIFER.....1405, 1537	KAUFHOLD, ANNE...312, 316, 501, 623
IYER, VICTORIA..... 809	JOHNSON, KENNADY..... 1345	KAUFMAN, JENNIFER CHILYN..... 501
<b>J</b>	JOHNSON, KENNETH..... 680	KAUNITZ, GENEVIEVE..... 1110
JABBOUR, MOUSSA..... 846, 1149	JOHNSON, SHAWNA AKIKO..... 471	KAUR, JATINDER..... 398, 460
JABRI, ZAIN..... 371	JOLICOEUR, MEGAN.... 833, 1127, 1128	KAYE, WALTER..... 1514
JACKSON, DANA..... 384, 429	JOMOC, CAITLIN..... 875, 1215	KAZEM, AHMAD..... 488
JACKSON, MADELEINE.....1372	JONES, CHRISTA..... 809, 1080	KAZEM, HARON.....326
JACKSON, TAYLOR.....1255	JONES, TYESHIA..... 968, 969, 1042	KEARNS, MARK..... 945
JACOB HEALTH CARE CENTER LLC..... 1451	JORDAN, JAMIE..... 566	KEDDINGTON, JOAN. 1553, 1618, 1661
JACOBS-KLEISLI, MILAGROS..... 351	JOSHI, WEENA..... 771, 959, 1034, 1256	KEEN, WILLIAM..... 801
JACOBSEN, BRADLEY..... 1026, 1208	JOSHI, YASH..... 1513	KEFLEZIGHI, BAHGHI.....501
JACOBSEN, GARTH.750, 935, 1361, 1362	JOSHUA, JISHA..... 919, 1322	KELCHNER, MATTHEW..... 312
JAFFRAY, JULIE..... 1277	JOYCE, ROBERT..... 1663	KELLEHER, BRIDGET.408, 409, 786, 1013, 1014, 1414, 1415
JAFFRAY, PAUL..... 922, 1332	JU, NATHANIEL..... 660, 1019, 1420	KELLER, BENJAMIN.....1375
JAIN, ALEXANDRA..... 706	JUANG, PATRICIA..... 831, 1122	KELLOGG, KRISTEN..... 360
JAMES, CHRISTINE..... 1052	JUAREZ, AMERICA..... 1462	KELLY, KATHERINE..... 598, 599, 1018
JAMISON, KAREN.....527	JUAREZ, LETICIA..... 387, 585	KELNER, MICHAEL..... 901, 1237, 1238
	JUAREZ, PATRICIA..... 567	KEMP, KATHRINE..... 471, 1080
	JULIAN, FIDES.731, 802, 803, 1063, 1064	KESANAPALLI, DEEPTHI..... 567
		KESHAVARZI, SARA..... 753

# M. Primary Care Index

KHAFAJA, MOHAMAD.....	1483, 1514	KNUTSON, THOMAS.....	785	LA MAESTRA CHC EL CAJON	
KHALEEL, AMMAR.....	1461	KODSI, ALICIA.....	384	BROADWAY, .....	369
KHALIGHI, PAYMAN.....	1639	KOH, STEVE.....	1466	LA MAESTRA COMMUNITY HEALTH	
KHALIL, VADY.1548, 1560, 1567, 1574,		KOHATSU, KAREN.....	1197	CENTERS. ....	1666, 1668, 1669, 1675,
1587, 1603, 1618, 1619, 1639, 1640		KOHOUT, KATHRYN.....	1387	1676, 1677, 1678, 1679, 1680	
KHAMISA, SORAIYA.....	1514	KOLB, FREDERIC.....	1378	LA MAESTRA FAMILY CLINIC INC.69,	
KHAMISHON, BORIS.....	1186	KONDILI, DHIMITER.....	923, 1333	70, 74, 75, 121, 122, 123, 140, 141, 142, 143,	
KHAN, ALIYA.....	378	KOO, ANITA.....	693, 1004	144, 171	
KHAN, FAHAD.....	1640	KORMANIK, PATRICIA....	732, 810, 1415	LA MAESTRA FAMILY CLINIC INC, .	
KHAN, MATTHEW.....	471	KORSAND, SID.....	351	.....	369, 439, 517
KHAN, SHAHFAR.....	1256	KOSEL, MATTHEW.....	612, 613	LA MESA HEALTHCARE CTR.....	1447
KHARE, MANASWITHA.....	1290	KOSOY, DANIEL.....	1362	LA MESA PEDIATRICS. ....	101, 102, 103
KHATIB, NORA.....	1209	KOTHA, PURUSHOTHAM.....	947	LA MESA PEDIATRICS, .....	416
KHIEU, TINA.1560, 1574, 1587, 1619,		KOTHA, ROSHAN.....	965	LA PALOMA HEALTHCARE CTR..	1448
1640		KOUSARI, JHALEH.....	596, 597	LABIB, MICHAEL.....	1315, 1515
KHINDA, SUNEHA.....	1582, 1640	KOZMA, BONITA.....	1111	LACH, REBECCA.....	330, 502
KI, TRISH.....	472, 1081	KRAK, MICHAEL.....	663	LAFORTEZA, JOZELLE.....	1082
KIDANE, ZINNIA.....	1081	KRAMER, MELISSA.....	457	LAGO HERNANDEZ, CARLOS.847,	
KIDDER, BRENDAN.....	501	KRAPES, MICHAEL.....	1040, 1495	1150	
KIM MCMANUS, OLIVIA.738, 761, 978,		KRAUSE, MARTIN.724, 800, 970, 1058,		LAI, AMARA.....	398
1186		1432		LAIDLAW, JOHN.....	1515
KIM, JOHN.....	1204	KRESHAK, ALLYSON.....	825	LALITHAKUMARI, ARYA.....	528
KIM, MICHAEL.....	1028, 1426	KRIJGER, LISA.....	527	LAM, ANNE.....	1588, 1641
KIM, MICHELLE.....	1047	KUGEL, SAMUEL.....	1489	LAM, DAVINA.....	1303
KIM, PHILIP.876, 1216, 1574, 1587, 1588,		KUIOKA, TROY.....	388	LAM, KHANH.....	671, 1064
1641		KULASA, KRISTEN.....	832, 1122	LAM, MICHAEL.....	847, 1150
KIM, YUHEE.....	423	KULISCHAK, JOHN.....	1588, 1641	LAMALE-SMITH, LEAH.740, 763, 866,	
KINDRED HOSPITAL SAN DIEGO.		KULKARNI, NISHAT.....	1471, 1501	1198	
.....	1435	KUMAR, AVNEE.....	993, 1433	LAMANTIA, MICHELE. ....	441, 528, 635
KING CHAVEZ HEALTH CENTER.217,		KUMAR, SOMA.....	1133	LAMBERT, GAGE.....	1303
241, 242, 243, 244, 245		KUO, DENNIS.....	1277	LANDEO GUTIERREZ, JEREMY...	1282
KING CHAVEZ HEALTH CENTER, .	516	KUPPALLI, KRUTIKA.....	843, 1144	LANDIS, SARAH.....	580
KING, MARY.....	1553, 1619, 1661	KUROSAKA, MOMO.....	1128	LANE, BRIAN.....	1172
KINGDON, JOANNA. ...	985, 1034, 1257	KURZ, TROY.....	1462	LANE, KIMBERLY.674, 713, 732, 810,	
KINGDON, TYLER.....	1159	KUSNEZOV, NICHOLAS. 712, 942, 1372		948, 1082, 1083	
KIVIAT, ANNETTE.747, 777, 992, 1039,		KUTZ, CRAIG.....	825, 826, 1117	LANUZA, MARK.....	435
1302		KVIATKOVSKY, MILLA. .	846, 847, 1150	LAPINA, LORI.....	580
KLAREN, AMANDA.....	1575, 1641			LARA, LESLEY.....	623
KLEIN, DAVID.....	865, 866, 1197	<b>L</b>		LARKINS, PHILIP.....	778
KLEMENCIC, TAHNEE.....	971, 1082	LA COSTA HOUSE.....	1440	LARSEN, JULIE.....	1205
KLINE, LANNING.....	1209	LA FUENTE POST ACUTE.....	1455	LARSEN, STEVEN.....	1642
KLING, KAREN.751, 785, 994, 1042,		LA JOLLA NURSING AND REHAB		LASSWELL, EVE.....	917, 1483
1375, 1376		CTR.....	1445	LAU, JANICE.....	1642
KLOBERDANZ, KELSEY.....	472	LA MAESTRA CHC EL CAJON		LAU, KUEN CHINE.....	1642, 1643
KLUEMPER, NICOLE.....	1315, 1514	BROADWAY.....	70, 71, 73, 74	LAURENT, LOUISE.....	735, 855, 1163

## M. Primary Care Index

LAVERTY, CHAMINDRA.....	1186	LERNER, JONATHAN.671, 715, 1060,	LOEFFLER, ALLISON.342, 378, 427,
LAW, KAREN.....	330, 435	1385	547, 548, 655
LAWRIE, ALISA.....	567	LEUIN, SHELBY.....	743, 767, 1031, 1227
LAZAR, DAVID.....	1376	LEUTE, ERIC.....	435, 624
LE DZUNG, THE.....	901, 1238	LEVERONE, NICHOLAS.....	1151
LE, CRYSTAL.....	759, 1172	LEVINE, MATTHEW.....	492
LE, DIANA.....	388, 586	LEVY, MICHAEL.....	1366
LE, HUAN.....	1322, 1323	LEVY, PHILLIP.....	1604
LE, JACQUELIN.....	1643	LEWIS, MICHAEL.....	1380
LE, TAM.....	1575, 1663	LEWIS, PRIYA.....	1379
LE, TAYLOR.....	722	LI, ALEXANDRIA.....	1209
LEBENSCHN CHIALVO, FLORENCIA.		LI, JINGHONG.....	826, 972, 1432
.....	1315, 1316, 1515	LI, XIA.....	1484, 1516
LEDBETTER, ALEX.....	1483, 1516	LIEBER, CAROL.....	315, 413, 473
LEE, AUSTIN.....	1620	LIFE CARE CENTER OF ESCONDIDO.	
LEE, BEGEM.....	1290	.....	1444
LEE, DAVID. ...	861, 1186, 1187, 1484, 1516	LIFE CARE CENTER OF VISTA. ....	1455
LEE, HAEWON.....	746, 1296	LIM, IMELDA.....	430, 431, 473, 997
LEE, HEE.....	810	LIM, ROSEMARIE.....	1005
LEE, JASON.....	1567, 1575, 1643	LIN, HENRY.....	1644
LEE, JENNIFER.....	1603	LIN, JOYCE.....	907
LEE, JOSEPH.....	624	LIN, SHUANG.....	367
LEE, KAREN.....	1139	LIN, TOM.....	1274
LEE, MICHAEL.....	528	LINDA VISTA HEALTH CARE CTR.147,	
LEE, SALLY.....	1604, 1619	148, 149, 150, 251	
LEE, SANDRINE.....	502	LINDA VISTA HEALTH CARE CTR, .	517
LEGER, GABRIEL.....	861, 1187	LINDBACK, SARAH.....	461
LEHNERT SCHUCHARDT, ELEANOR.		LINDEMAN, KURTIS.....	502
.....	1243	LINDEMANN, CHRISTINA.....	1303
LEIBEL, SYDNEY.....	1240	LINKE, SARAH.917, 1316, 1484, 1516,	
LEININGER, DANIEL.....	955	1517	
LEMON GROVE CARE AND REHAB		LIOTTA, BENJAMIN.....	826, 1117
CTR.....	1447	LIPSCHITZ, LISA.342, 378, 427, 546,	
LEMON GROVE FAMILY HEALTH		547, 655	
CENTER.105, 106, 107, 108, 109, 110, 111,		LISH, JONATHAN.....	503
112, 113		LIU BARBARO, DOROTHY.....	421
LEMON GROVE FAMILY HEALTH		LIU, ANDREW.....	1024
CENTER,.....	424	LIU, JESICA.....	568
LENHART-PENDERGRASS,		LIU, JIE.....	503
PATRICIA.....	746, 989, 1037, 1283	LIU, SHANGLEI.....	932, 1354
LENNON, RYAN.....	473	LIU, TIMOTHY.....	1517
LEON, FLOR.....	580	LIU, YUNXIANG.....	1210
LEONARD, BEVERLY.....	323, 651	LLANES, BENJAMIN.....	1644
LEONARD, LISA.....	1424	LLOYD, MATTHEW.....	581
LEPEZ, DAVID.....	624		

### M

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	



# M. Primary Care Index

MAGIT, ANTHONY.887, 888, 1227, 1228	MARTIN, THOMAS..... 1144	MCHENRY, KATHRYN..... 399
MAGNOLIA ADULT DAY HEALTH CARE.....1458	MARTINEZ ANDREE, INGRID.....569	MCINTYRE, RYAN..... 317
MAGNOLIA POST ACUTE CARE. .1442	MARTINEZ MURGUIA, IRENE.445, 582	MCKENNETT, MARIANNE..... 330
MAGOS, DANIEL.....1472	MARTINEZ, ARMANDO.....848, 1151	MCLAUGHLIN, ERIK..... 1128
MAHDAL, SUZAN.....424	MARTINEZ, CAROLYN.....474, 1083	MCMAHON, SHARON..... 351
MAHENDRAN, SRIVIDYA.....569	MARTINEZ, LESLY.1019, 1020, 1420, 1421	MCMURREN, BRITTANY.....1560
MAHONEY, KAITLYN.....591	MARTINEZ, NANCY.....325	MCNEALY HOUSE.....1448
MAJERSKI GONZALEZ, MANDY....641	MARTINEZ, NORAYMA.....1472	MEADOWS, AUDRA.....867, 1199
MAJITHIA, AMIT.....848, 1151	MARTINEZ, STEPHANIE.1463, 1485, 1518, 1519	MEAGHER, RAISHELLE..... 1538
MAK, ROBERT.....1279	MASCARENO, EFRAIN. 693, 694, 1553	MEDIC, IGOR.....951
MALAK, LAWRENCE.....1463, 1518	MATHIAS, WILLIAM.....1396	MEDINA, ALEXANDER.....436
MALEK, MIKHAIL.....756	MATIAS, JULIE.....599, 608	MEDINA, RUBELETA..... 1084
MALEKMADANI, ARIENNE.....1400	MATICH, BRANKO.....504	MEHTA, NOOPUR.....777
MALEKSHAMRAN, KEYVAN.....406	MATOBA, NANA.....686, 858, 1173, 1174	MEKEEL, KRISTIN.....1381
MALHOTRA, ARATI.....607, 608	MATSHE, ZENZIWE.....398, 755	MELBER, DORA.684, 758, 855, 953, 974, 975, 1022, 1163, 1164
MANCHEL, BRUCE.....356, 649	MATSUOKA, AKIHIRO.888, 889, 1228, 1229	MELLENDEZ BERRIOS, IARA DEL.342, 378, 427, 548, 549, 656
MANGINE, REGINA.....651	MATTHESS, JANETTE.....811	MELLENDEZ, ARIANA...867, 1199, 1200
MANI, NASRIN.....345, 381, 642	MAUHILI, KENNA.....1040, 1495	MELGAR, MONICA.....504
MANI, PARVIN.....1199	MAXWELL, BENJAMIN.....1485	MELTZER, VIRGINIA.....474
MANNEN, JOSEPH.....1556	MAXWELL, MELISSA.....1466	MENDENHALL, ANNA.....392
MANNINO AVILA, ELIZABETH. ....1290	MAY, LOUIS.....371, 635, 720	MENDES, CHANTAL.....698, 771, 1258
MANNINO, ELIZABETH.....422	MC ELROY, CARTER.....1346	MENDEZ, ADRIANA...1495, 1496, 1542
MANRIQUEZ-CASTILLO, ERENDIRA.....569	MCADAMS, JOSEPH.....908, 1303	MENDEZ, ANDRES.....917, 1485
MANSOUR, DAVID.....719, 1045	MCAULEY, ROBERT.....1477	MENDEZ, DIEGO.....343, 379, 641
MANSY, TAMARA.....371	MCCALLION, PATRICK.....696	MENDEZ, JESUS.....355
MANZO, CORINA.....1083	MCCAMMACK, BRADLEY.....457, 458	MENDOZA, GRETEL MARIE.475, 1084
MARANO, RACHEL.....1291	MCCANDLESS, RACHEL.....983, 1243	MENDOZA, RAYMUNDO.....1621
MARC AURELE, KRISHELLE.857, 1172, 1173, 1291	MCCARTHY, KATHRYN.....753	MENON, POOJA.....330
MARCINIAK, ROMAN.....528	MCCLEAN, ESMERALDA.876, 1589, 1645	MERAKEY ALLOS.....1680
MARDACH, REBECCA.....1137	MCCOWN, BARRY.....717, 718, 968	MERALI, MURTAZA.....1605
MARKS, ROBERT.....923, 1334	MCCULLEY, DAVID.....1174	MERCER, KELLY.....386, 445, 582
MARLAY, GREG.....1620	MCCULLOUGH, DEIRDRE.684, 953, 1163	MERRILL, COREY.....909, 1304
MAROLLA, ALICE.....928	MCCULLUM, TIFFANY.....1317, 1519	MERRILL, SARAH.....331
MAROSOK, MICHELLE.....1083, 1387	MCDANIEL, MICHELE. ....827, 1117, 1257	MESIWALA, ADNAN.....985, 1258
MARR, RYAN.1548, 1560, 1567, 1575, 1589, 1604, 1620, 1645	MCFARLAND, NATHAN.....422	MESTAN, KAREN.....858, 1174
MARSHALL HOUSE.....1455	MCGEE, JACQUELINE.....669, 783	METCALF, ASHLEY.....1258
MARSHALL, LAWRENCE.....938, 1366	MCGRAW, JOSEPH.1548, 1567, 1576, 1605, 1621, 1645, 1646	MEYER, MEGAN.....796, 1054
MARSTON, JACQUELINE.....503	MCGUIRE, WILLIAM.....919, 1323	MEYERHOF, GRETA...1496, 1542, 1543
MARTIN, HALEY.....908, 1303		MICHAEL, RAMI.....371, 720
MARTIN, RIA.....474		MICHALOWSKI HOME.....1449
		MICK, SHARON.....811, 812, 1084, 1085
		MID-CITY COMMUNITY CLINIC.150, 151, 152, 153

# M. Primary Care Index

MID-CITY COMMUNITY CLINIC, ...518	MONTGOMERY, KEITH ALLEN.1014, 1415	<b>N</b>
MIDORO, ABEGAILLE...997, 998, 1085	MONTGOMERY, KEITH ALLEN.1014, 1415	NACOSTE, LAKEISHA.....813
MIGNEA, DAVID..... 357, 389, 591	MONTOYA, JESSICA.....1317, 1519	NADI, FAHIMA..... 372
MIKUT, ALYSSA.....1205	MOODLEY, AMARAN..... 1144	NAGELBERG, JODI.364, 492, 832, 1122, 1123
MILDER, EDMUND.....1278	MOOLANI, RAMESH..... 681	NAGHI, JESSE.....682
MILES, RENEE..... 1478	MOOLANI, UJJALA..... 688	NAGNUR, PRITI.....384
MILLAR, MELISSA.....1055	MOONEY, PATRICIA.....1388	NAIDZIONAK, ULADZISLAU.. 681, 1152
MILLER, DONALD.....458	MOOR, TRACY.....1590, 1646, 1647	NAIK, SHILPA.....384
MILLER, EVA.....1085	MOORE, BRIAN..... 964, 1406	NAJAFI, DAVID..... 557
MILLER, JULIE.....1430	MOORE, SHAVON.....1485, 1486, 1520	NAJAND, SADAF.....1044
MILLER, LAUREL..... 582	MOORE, THOMAS..... 735, 855, 1165	NAKAMITSU, ABIGAIL.....1304
MILLER, SCOTT..... 1131	MORA, WENDY.....966, 1029, 1427	NAKAMURA, MELANIE..... 399
MILLS, BRAD..... 1519	MORAL, JOHN.....711, 712	NAKAMURA, TIFFANY..... 1161, 1520
MILLS, DAVID..... 986, 1258	MORALES, ALEJANDRA..... 505	NARANJO, RODRIGO.....529
MINKA, GENEVIEVE.698, 771, 959, 1259	MORAN, TIFFANY..... 1086	NARAYAN, ARCHANA..... 372
MINOKADEH, ANUSHIRVAN..... 724	MOREIRA, LUCILA.....462	NARAYAN, HARI.....744, 768, 983, 1244
MIRACLE, ANGELYN..... 971, 1407	MORRIS, CHAD..... 723	NARAYANAN, MEENA..... 529
MIRON, JEAN-PHILIPPE..... 1519	MORRIS, SHEILA.....692	NASSERY, KRISTEN.....1041
MISHRA-OCCHINO, SEEMA.....1260	MORRISON REYES, JOSHUA.1548, 1568, 1576, 1591, 1605, 1606, 1621, 1622, 1647	NASSIR, BASSAM..... 367
MISSION HILLS POST ACUTE CARE..... 1451	MORTIMER, DORI.....462	NATH, DEVARSHI.390, 600, 601, 1389
MISTRY, CHETAN.....352	MOSHTAGHI, OMID..... 958	NATHAN, CARLY..... 820, 1106, 1107
MITCHELL, CATHY.....395	MOSQUERA, DIANA..... 352	NAUDIN, VERONICA..... 664
MIZOGUCHI, LIANNE..... 1590, 1646	MOSTOFIAN, EIMANEH.391, 392, 605	NAVARRO, VANESSA.436, 625, 999, 1400
MIZZELL, ANNA.....801, 1061	MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC.....1454	NEGRON, RICARDO.....408
MLNARIK, ANASTASIA.....569	MOUSSAVIAN, MEHRAN.375, 533, 637	NEIGHBORHOOD HEALTHCARE ESCONDIDO..... 86, 87, 88, 89, 90
MODHWADIA, MAMTA.....1501	MOVAGHAR, MANSOOR.742, 764, 872, 979, 1027, 1210, 1576	NEIGHBORHOOD HEALTHCARE ESCONDIDO,..... 402
MOFFATT, KYRRA.....419	MOYA, MARY.....331, 625	NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER.136, 137
MOHAMEDALI, BURHAN.682, 1159, 1391	MUELLER, DANA..... 1243	NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER, ..... 460
MOHAMEDI, NADIA.....436	MUELLER, GEORGE.....1362, 1363	NEIGHBORHOOD HEALTHCARE GRAND AVE..... 91, 92, 93
MOHAMMAD, AHMAD SHAH.690, 955	MUELLER, MATTHEW.....727, 827, 1117	NEIGHBORHOOD HEALTHCARE LAKESIDE.....103, 104
MOHEBBI, ATHENA..... 812, 1086	MUHAMMAD, LAMA.....1520	NEIGHBORHOOD HEALTHCARE LAKESIDE,..... 421
MOLINOS, NICOLE.....419	MULVEY, CAOILFHIONN..... 812, 1086	NEIGHBORHOOD HEALTHCARE PAUMA VALLEY.....135, 136
MOLL, ANGELA.742, 764, 979, 1026, 1210, 1568, 1576, 1646	MUNCADA, CAESAR.....870	
MONAHAN, CAROLYN..... 608	MUNCE, DANIELLE..... 1151	
MONGA, MANOJ.....1382	MURPHY, CARMEL.....393	
MONTBLEAU, KARA.....1260	MURPHY, JAMES..... 1325	
MONTES, DENISE.....1538	MURRAY, MATTHEW.....1260	
MONTES, VIVIAN..... 777	MURTHY, NIKHIL..... 670, 938	
MONTEZ, REBECCA..... 1497	MUTH, NATALIE..... 321	
MONTGOMERY HOUSE..... 1455		

## M. Primary Care Index

NEIGHBORHOOD HEALTHCARE PAUMA VALLEY, .....	460	NGUYEN, THY.....	1606	ODISH, MAZEN.....	851, 1157, 1158
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL.....	93, 94	NGUYEN, TIA.....	707, 792, 1006	ODONNELL, F JANE.....	1176
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL, .....	402	NGUYEN, TRACY.....	1554	OGANDO, SHEENA.....	592
NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL.....	85, 86	NGUYEN, TRUC.....	352	OHALLORAN, HENRY.....	742, 765, 980, 1027, 1211
NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL, .....	402	NGUYEN, VI.....	385	OJHA, PRITI.....	1463, 1522
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY.....	95, 96, 97	NIAKAMAL, EVAN.....	777	OKADA, MICHELLE.....	909
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY, .....	402	NIAZI, HARRIS.....	505	OKAMOTO, VINCENT.....	797
NEIGHBORHOOD HEALTHCARE, .....	658, 659	NICHOLAS, ESTELA.....	1416	OKWUOSA, CHRIS.....	650
NEJATI, FRESHTA.....	1086	NIEMI, ANNA-KAISA.....	686, 1175	OLSEN, MARTIN.....	489
NESTOR COMMUNITY HEALTH CENTER.....	240, 241	NIGRO, JOHN.....	1381	OLVERA, LUISA.....	361
NESTOR COMMUNITY HEALTH CENTER, .....	518	NIKZAD, JASON.....	436, 625	OPEN ARMS ADHC.....	1457
NETZEL, JENNIFER.....	1087	NING, GRACE.....	1317, 1521	OPERATION SAMAHAN - MIRA MESA.....	137, 138, 139, 140, 144, 145
NEVAREZ, IRENE.....	431, 475	NISKANEN, RACHEL.....	1626	OPERATION SAMAHAN - MIRA MESA, .....	519
NEVILLE, MARGARET.....	1497, 1543	NISSAN, BETI.....	645	OPERATION SAMAHAN - NATIONAL C.....	113, 114
NEWMAN, DAVID.....	1606	NJIE, EMAD.....	1051	OPERATION SAMAHAN - NATIONAL C, .....	439
NGO, MAI.....	990, 1291, 1292	NOCEDA, ANA.....	475	OPERATION SAMAHAN GRANGER SCHOOL BASED.....	115
NGUYEN, ANTHONY.....	1139	NOKES, BRANDON.....	848, 1152	OPERATION SAMAHAN GRANGER SCHOOL BASED, .....	439
NGUYEN, BRUCE.....	1649	NORMAN, MARC.....	1318, 1522	OPERATION SAMAHAN RANCHO PENASQUITOS.....	145, 146, 147
NGUYEN, CARIE.....	331, 625	NORRIS, JEFFREY.....	505	OPERATION SAMAHAN RANCHO PENASQUITOS, .....	490, 519
NGUYEN, DANIELA.....	660, 1020, 1421	NORTH PARK FAMILY HEALTH CENTERS.....	196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209	ORDINANZA, MYLENE.....	617
NGUYEN, HARRY.....	1346	NORTH PARK FAMILY HEALTH CENTERS, .....	518	OREJEL, EDITH.....	1088
NGUYEN, HOA PHUONG.....	1649	NOSTE, ERIN.....	827, 1118	ORFF, HENRY.....	1318, 1523
NGUYEN, HOANG.....	1486, 1521	NOVENCIDO, ANDREW.....	708, 793, 1006	ORIENTE HOUSE.....	1455
NGUYEN, JASMINE.....	1648	NOVENO, HILARIO.....	998, 1087, 1088	ORLANDO, FRANCESCA.....	1466
NGUYEN, KELVIN.....	1648	NOVO, MEGAN.....	678, 719, 1133	ORPILLA, IMELDA.....	477, 478, 1089
NGUYEN, LINH.....	331	NUNO, JOSE.....	582	ORTEGA, LUIS.....	626, 1400
NGUYEN, MARGARET.....	1261	NUQUI, JOSIE.....	506	ORTIZ ILIZALITURRI, ANA.....	626, 1401
NGUYEN, MYLINH.....	1260	NUTHALL, KAITLIN.....	928, 1347	ORTIZ, BEVERLY.....	1498
NGUYEN, NGOC.....	505	NYMAN, KATHERINE.....	686, 737, 858, 976, 1175	ORTIZ, KENNETH.....	317, 506, 626
NGUYEN, QUOC SY.....	797, 1055			ORTIZ, MARIA.....	1318, 1523
NGUYEN, QUYEN.....	889, 890, 1229, 1230			OSORIO, JOSEPH.....	939, 1366, 1367
NGUYEN, THANH.....	1648			OSWALD, JESSICA.....	797, 1055
NGUYEN, THERESA.....	1554, 1622, 1661			OTAY FAMILY HEALTH CLINIC.....	53
NGUYEN, THU.....	694, 695			OU, JOCELYN.....	1556, 1607
				OWEN, MICHAEL.....	323, 478
				OZAKI, YOSHIHIRO.....	698, 772, 959, 1261

# M. Primary Care Index

OZCAN, ALI.....	986, 1261	PATEL, AARTI.....	1292	PHAM, JENNIFER.....	689
<b>P</b>		PATEL, AMAR.....	688	PHAM, LILY.....	676, 754, 1019, 1119
PADE, KATHRYN.....	1261	PATEL, CHARMI.....	895	PHAM, MARTIN.....	670, 939, 1367
PADILLA, MICHELE.....	478	PATEL, DEVIN.....	1382	PHAM, QUYNH.....	337
PAGE, BIANCA.....	421, 489	PATEL, GITANE.1549, 1561, 1578, 1607, 1622, 1649, 1650		PHAM, TONY.....	1650
PAI, SARAH.....	1089	PATEL, HEMANSHU.....	416	PHAN, RYAN.....	1211, 1212
PAIK, JULIANA.....	412	PATEL, JANKI.....	733	PHAN, TIFFANI.....	550
PAKENHAM, KATE.....	732	PATEL, JITENBHAI.....	399	PHREANER, NICHOLAS.....	801, 1061
PALLIA, CHRISTOPHER.....	714, 942	PATEL, MITESH.....	1498, 1543, 1544	PHUNG, AIVI.....	583, 1305
PALOMAR HEALTH.....	1435	PATEL, SAGAR.....	973, 1433	PHUNG, RICHARD N V.....	1651
PALOMAR HEIGHTS CARE CTR...1444		PATEL, SARJAN.1549, 1561, 1577, 1607, 1622, 1650		PIANSAY, MARIA CORAZON. 353, 645	
PALOMAR MEDICAL CENTER.....1436		PATEL, VIJAY. 744, 767, 981, 1032, 1230		PICKETT, CHARLOTTE. 867, 1200, 1201	
PALOMAR VISTA HEALTHCARE CTR. ....1444		PATHAK, SAGAR.....	774, 1274	PIERCE, HEATHER.....	1292
PALOMINO, MARY.....	332	PATHWAY HOME SOLUTIONS INC. ....1669		PIEROS, JANELLE.....	332
PALOMINO, VERONICA.....	506	PATIAG, DANIEL. 478, 479, 1089, 1090		PINA, RAQUEL.....	333
PANDHI, JAY.....	1000	PATTERSON, MARY.....	990, 1272	PINSON, KELSEY.....	868, 1201
PANDYA, BHUMIKA.....	1561, 1607	PATTERSON-HYATT, KIMBERLY.1318, 1523		PINTO, ANITA.....	385
PANICKER, CIBU.....	450	PATTON, MICHAEL.....	1523	PIRTLE, KEYSHONE.....	716
PANNARAJ, PIA.....	1145	PAUL, MEGAN.....	1139	PISINGER, PATRICIA.....	333
PANSARA, MEGHA.....	1577	PAULSON, KERRY.....	813	PITTMAN, LILIANA.....	617, 725
PAPA, RHETT.....	379, 417	PAVLOVICH, WENDY.....	570	PLANTE, CHARLES.....	326
PAPASTERGIOU, GEORGIOS. 345, 381		PEARCE, ALEX.....	919, 1323	PLASCENCIA, CINDY.....	1538
PARADISE VALLEY HEALTH CARE CENTER.....1448		PEDROTTY, JOHN.....	332	PLUCINIK, STANLEY.....	1554
PARADISE VALLEY HOSPITAL.....1436		PELIO, DARREN.... 748, 909, 910, 1304		POAST, JENNIFER.....	635
PARAST, MANA.....	895, 1234	PENA, NICHOLAS.....	582	POLICH, MICHELLE.....	1292
PARIKH, MILIND.....	372, 530	PEOPLE ASSISTING THE HOMELESS. ....1673		POLIKOWSKI, SAMANTHA.....817, 1103	
PARK, BRIAN.....	986, 1262	PERDION, KAREN.....	820, 1107	POLK, DAVID.....	1134
PARK, DANIEL.....	635	PERENS, ELLIOT.....	1280	POLLACK, LARRY.....	1363
PARK, JAY.....	828, 1118	PERESS, LILIA.....	1129	POLLEMA, TRAVIS.....	945, 996
PARK, RONALD.....	458, 1035, 1262	PEREZ, ALLYSSA.....	1090	POLLEY, SHANNON.....	583, 1396
PARK, SOO.....	839	PEREZ, PERLITA.....	332, 506	PONCE, SONIA.....	615
PARK, TARI.....	570	PERKINS, RACHEL.....	459	PONIACHIK, SAMUEL... 319, 604, 1390	
PARKER, SHERINE.570, 772, 960, 1035, 1262		PERLMAN, TAMARA.....	1018	PONS, MAURICIO.....	346, 382
PARKS, MONICA.....	1423	PERREAULT, MARK.....	910, 1305	PONSFORD, DIANA.....	451
PARKSIDE HEALTH AND WELLNESS CENTER.....1442		PERRY, ARTHUR.....	1591	POPE, KATILYNN.....	790
PARKWAY HILLS NURSING & REHAB.....1447		PERTL, URSULA.....	664	PORTERA, ARIEL.....	1218
PARRY, LISA.....	750, 932, 1355	PETERS, JAMIE.....	1608	PORTO MADURSKI, KRISTINE..... 648	
PARSONS, GENEVIEVE.....	414	PETITT, JOHN.....	372	POSADA, SEAN.....	507
PARSONS, MEKRAE.....	1388	PETTIS, BETH.....	1091	POSADAS, EMERITO... 608, 609, 1395	
PASTORE, SIMONE.....	415	PETTUS, JEREMY.....	832	POSTLETHWAITE, ALEJANDRA.1467, 1472, 1501	
				POTENZA, BRUCE.....	933, 1356
				POTOK, OLIVIA.....	848
				POUNTNEY, MARLENE.320, 605, 606	

# M. Primary Care Index

POUSTI, SHEIVA.....	1651	RADY CHILDRENS HOSPITAL SAN DIEGO.....	1436	RCH NORTH COUNTY URGENT CARE.....	1715
POWAY ADULT DAY HEALTH CARE CENTER.....	1458	RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN.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.....	507	READ, TRENTON.....	702, 779, 1048
POWELL, STEPHANIE.....	570	RAHIMI, NASSRIN.....	1429	REAL, MARIA.....	361, 432
PRABHU, SUJATA.1549, 1578, 1608, 1623, 1651, 1652		RAHMATNEJAD, KAMRAN.872, 873, 1213		REARDON, JACQUELINE.....	676
PRASAD, AMITHA.....	1472	RAJAEI, NILOUFAR.....	1091	RECALDE, FRANCISCO.....	522
PRATHER, ALLYSON.....	1473	RAJAGOPAL, AMUTHA.....	1145	REDDY, ARJUN.....	373
PRATT, STEVEN.....	1591	RAJAIPOUR, NEGIN.....	627	REDDY, DANA.....	358, 592
PRESKILL, CATALINA.....	571	RALEIGH, DEBORAH.....	813	REDDY, JOSEPH.....	1134
PRESTERA, TORY.....	1394, 1658	RALL, EMILY.....	583	REDDY, NAVYA.....	754
PRIEST, VIVIAN.....	1305	RAMAMOORTHY, SONIA.....	932, 1355	REDDY, REDDIWANDLA.....	948
PRIETO, ALEJANDRA.....	1388	RAMERS, CHRISTIAN.....	530	REDDY, SMITHA.....	1049
PRINCE, RENEE.....	1319, 1523	RAMGREN, AILEEN.....	462	REED, KRISTIE.....	918, 1487
PRITZKER, JOELY.....	1015, 1416	RAMIREZ SANCHEZ, CLAUDIA.636, 843, 1145, 1402		REEG, JESSICA.....	1534
PROHASKA, THOMAS.....	1061	RAMIREZ, ALFREDO.....	945	REGEV, SHANEE.....	361
PROMER, KATHERINE. 632, 1145, 1402		RAMIREZ, CRISTHIAN.....	507	REID, CHRISTOPHER.....	751, 944, 1379
PROPST, TOBE.....	507	RAMIREZ, NICOLE.....	818, 1103	REID, EMILY.....	362, 432, 479
PRUSS, ERIKA.....	1041, 1373	RAMNATH, VENKTESH.....	729	REIFENBERGER, JODY.....	464
PUIG LLANO, MANUEL.....	872, 1212	RAMOS, CARLOS.....	859, 1176	REIMERS, REBECCA.684, 758, 953, 975, 1022, 1136, 1165	
PUTRUS, RAMIZ.....	367	RAMOS, ELENA.....	1039	RENDLER, NATHAN.....	462
PYLE, ALEXANDRA.....	1306	RAMOS, JACQUELYN.....	722	REO VISTA HEALTHCARE CTR. ....	1452
<b>Q</b>					
QAYOUMI, WALI.861, 1188, 1486, 1487, 1524		RANA, DEBORAH.....	444	RESELLI, LYNNDSEY.....	948, 949
QUACH, PHUC.....	1608	RANASURIYA, DUNISHA.....	987, 1263	REVELES, DIANA.....	355
QUAN, MICHELE.....	781	RANDLE, CARRIE.....	1091	REYNAGA, JOSUE.....	631
QUENZER, FAITH.....	676, 828	RAO, APARNA.....	989, 1283	REYNOSO, ALFONSO.....	326
QUEVEDO, JUAN.....	1180	RAO, ROHIT.....	1244	RHEE, KYUNG.....	1293
QUICK, ELISABETH.....	355, 583	RAO, SOUMYA.....	1048	RHOTEN, REX LLOYD.....	750
QUILALANG, SUSAN.....	324	RAO, USHA.....	399	RIBEIRO CALDAS DOMINGUES, ISABEL.....	1524
QUINONES-PEREZ, BIANCA.772, 949, 1035, 1263		RASHCOVSKY SCHIFF, KARIN.....	400	RICE, ELIZABETH.....	666
QUINTANA, PAULINA.....	1236	RASMUSSEN, DALE.....	584	RICHARD, MARLA.1487, 1488, 1524, 1525	
QUINTERO, CAROLYN.....	609, 1395	RATNAYAKE, KRISTIN.....	1263	RICHARDSON, ALVIE.685, 736, 954, 1023, 1166	
QUINTO, CINDY.....	479	RAYMOND, ALAIN.....	962	RICHARDSON, ANGELIQUE.....	839
QUIROZ, ELISA.....	337	RAYTA, NICOLE.....	1015	RICHARDSON, DANIELLE.....	437
<b>R</b>					
RACKHAM, KELLY.....	409, 410	RCH EAST COUNTY URGENT CARE.....	1715	RICHARDSON, HENRY.699, 775, 1038, 1296	
RADOJEVIC, NATASHA.....	1319, 1524	RCH MID CITY URGENT CARE.....	1715	RICHARDSON, JULIA.....	695
RADY CHILDRENS CONVALESCENT HOSPITAL.....	1451			RICKERTS, MATTHEW.....	1347

# M. Primary Care Index

RIGGINS, NINA.....	1189	ROSENBLATT, SHERI... 386, 722, 1406	SALERNO, MARIANA.....	636
RING, ROBERT.....	1029, 1626	ROSS, COLLIN.....	SALMASI, AMIRALI...713, 715, 966, 1383	
RIOS, SIERRA.....	1473	ROSS, CRYSTAL.....	SAMI, REMAN.....	337, 679, 1401
RISSER, JOSEPH.....	588, 1129	ROSSI, CATHERINE.....	SAMPATH, SRIVIDYA.....	572
RITCHIE, DAVID.....	923, 1334	ROUEL, LINDA.....	SAMPSON, ANDRIECE.....	1094
RITTER, STEVEN.....	508, 627	ROUEL, WADI.....	SAMUEL, MICHAEL....	1568, 1578, 1609
RIVAS, RENEE.....	868, 1202	ROUGH, STEVEN.....	SAN DIEGO AMERICAN INDIAN	
ROBERTS, AUDREY.....	910, 1306	ROWHANI, NAGHMEH.....	HEALTH CENTER.....	251
ROBERTS, KENDALL.....	415	ROXAS, ROGER.....	SAN DIEGO AMERICAN INDIAN	
ROBERTS, POMAI.....	437, 999	ROZO, JOSE.....	HEALTH CENTER, .....	519
ROBERTSON, RACHAEL.....	1092	RUBENSTEIN, STUART.....	SAN DIEGO FAMILY CARE.153, 154,	
ROBINSON, COLE.....	752	RUBENSIK, TAMARA.734, 841, 1141,	155, 156, 171, 1674	
ROBINSON, DAISY.....	412, 789	1422	SAN DIEGO FAMILY CARE, .....	519
ROBINSON, DEAN.....	396, 1109	RUDD, CHRISTOPHER. 928, 929, 1347	SAN DIEGO FAMILY CIRCLE ADULT	
ROBLEDO, DAMIAN.....	1473	RUDOLF, FRANCES.....	DAY HEALTH CARE.....	1459
ROCHE, CHELSEA.....	813	RUELAS, ROBERTO.....	SAN DIEGO HEALTHCARE QUALITY	
RODARTE, GABRIEL....	400, 1473, 1478	RUIZ, MONICA.....	COLLABORATIVE.....	1667
RODENMEYER, EVE.....	1092	RUNGVIVATJARUS, TIRANUN....	SAN DIEGO POST ACUTE CENTER.	
RODRIGUEZ JEREZ, ROBERTO.343,		RUSSELL, SAMUEL.....	.....	1442
379, 427, 550, 551, 656		RUSSO, KRISTA.322, 459, 460, 464,	SAN YSIDRO HEALTH 25TH ST	
RODRIGUEZ MARTINEZ, RENIL...492		613	FAMILY MEDICINE.....	245, 246
RODRIGUEZ, ALDO.385, 571, 645,		RYAN, DANA.....	SAN YSIDRO HEALTH 25TH ST	
1404		RYAN, KYLE.....	FAMILY MEDICINE, .....	520
RODRIGUEZ, CASSANDRA.....	357	RYU, JULIE.....	SAN YSIDRO HEALTH ALPINE	
RODRIGUEZ, JAVIER.....	571		FAMILY MEDICINE.....	19, 20, 21
RODRIGUEZ, SEAN.....	508	<b>S</b>	SAN YSIDRO HEALTH ALPINE	
RODRIGUEZ-MINETTE, JESSICA.724,		SABHA, MAHMOUD.....	FAMILY MEDICINE, .....	313
1432		SABIN, NANCY.....	SAN YSIDRO HEALTH CHC - OCEAN	
ROGERS, MATTHEW.....	317, 666	SACHS, MELISSA.....	VIEW.....	173, 174, 215, 216, 217
ROGERS, TANYA.....	480	SACKS, BRENT.....	SAN YSIDRO HEALTH CHC - OCEAN	
ROJAS, RICHARD.....	489	SADAT, SAYED.....	VIEW, .....	520
ROJAS, STEVEN.....	627	SAEZ, NEIL.....	SAN YSIDRO HEALTH CHULA VISTA.	
ROMA, ANDRES.....	899, 1236	SAFI, ROOZCHEHR.....	36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46,	
ROMERO, CAMILA.....	588, 589, 1310	SAH, SERENA.....	47, 48, 49, 50	
RONAN, KEVIN.....	454, 661	SAHAGIAN, MICHELLE.738, 761, 977,	SAN YSIDRO HEALTH CHULA VISTA, .	
RONCAROLO DE VRIES, ROXANE.		1025, 1191	.....	337
.....	1015	SAHMS, TIMOTHY.....	SAN YSIDRO HEALTH COMMUNITY	
RONQUILLO, KAREN AN.....	367, 718	SAIDIAN, AVA.....	HEIGHTS FAMILY MED.....	246, 247
RONQUILLO, RINA.....	420	SAIDRO, LUZVIMINDA.....	SAN YSIDRO HEALTH COMMUNITY	
ROSA, ADAM.....	1626	SAIKHON, TALIA.....	HEIGHTS FAMILY MED, .....	520
ROSADO, IVAN.....	508, 1129	SAJTI, ENIKO.....	SAN YSIDRO HEALTH EL CAJON.77,	
ROSCOE, SYDNEY.....	1092	SALAMANCA, OMAR.....	78, 79, 80, 81, 82	
ROSE, PATRICIA.....	652	SALAS, JESSICA.....	SAN YSIDRO HEALTH EL CAJON, .	
ROSENBAUM, HERBERT.....	628	SALAZAR, JUANITA.....	.....	369
ROSENBLATT, EUGENE.....	333	SALEH, FAREED.....		
		SALEM, RAMSEY.....		

# M. Primary Care Index

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE.....	98, 99	SANTANGELO, JOANNE.481, 1094, 1095	SCHWEIKERT, SUZANNE.....	606, 607
SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE, .....	402	SANTIAGO, AMANDA.....	SCHWENDEMANN, WADE.954, 1023, 1166, 1167	
SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR.267, 268, 269, 270, 271, 272, 273, 274		SANTIAGO, ROXANE.....	SCOTT, JEFFREY.....	1561, 1609, 1623
SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, .....	630	SANTORELLI, JARRETT.....	SCOTT, LAGINA.....	508, 1130
SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE.....	23, 24	SANTOS CAVAIOLA, TRICIA. .	SCOTT, RYLEE.....	509
SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE, .....	318	SAPRA, SONIA.343, 379, 428, 551, 552, 656	SCOTT-WYARD, PHOEBE.....	992, 1297
SAN YSIDRO HEALTH NATIONAL CITY.....	115, 116, 119, 120, 121	SASSIC, JESSICA.....	SCOVILL, ALEXANDRA.....	695, 1554
SAN YSIDRO HEALTH NATIONAL CITY, .....	439	SATTERFIELD, KELLIE.....	SCRIPPS GREEN HOSPITAL.....	1436
SAN YSIDRO HEALTH PARADISE HILLS.....	116, 117, 118, 119	SATTERWHITE, MAURINE.481, 482, 1095	SCRIPPS MEMORIAL HOSPITAL	
SAN YSIDRO HEALTH PARADISE HILLS, .....	439	SAUER, CHARLES.737, 759, 859, 860, 1046, 1177	ENCINITAS.....	1437
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER.261, 262, 263, 264, 265, 266, 267, 275, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292		SAVILLE, EDITH.....	SCRIPPS MERCY HOSPITAL.....	1437
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, .....	631	SAWHNEY, NAVINDER.....	SCRIPPS MERCY HOSPITAL CHULA VISTA.....	1437
SAN YSIDRO HEALTH SOUTH BAY.....	125, 126	SAWYER, CAROLYN.....	SEAMAN, MARY.....	482
SAN YSIDRO HEALTH SOUTH BAY, .....	440	SCHAEPE, RHODORA.....	SEARLEMAN, ADAM.....	924, 1336
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS.274, 275, 276, 277, 278, 279, 280, 281		SCHELLINGER, KRISTON.1319, 1320, 1526	SEARS-WILEY, ELIZABETH.....	1095
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS, .....	631	SCHIEDERMAYER, BENJAMIN.931, 1353	SEAVEY, MICHELLE.....	721
SANACORA, RACHEL.....	1036, 1265	SCHLOSSER, TARA.....	SEBASKY, MEGHAN.....	848, 849, 1152
SANCHEZ, ADRIANA.....	1499, 1544	SCHMIDT, BRYAN.....	SEBIANE, MARIA.....	609, 610
SANCHEZ, MICHAEL.....	911	SCHMITT, EVA.....	SEBRING, JAN.....	483
SANCHEZ, MYRNA.....	618	SCHMITT, EVA.....	SEBSO, JODI.....	572
SANDERS, JESSICA.....	311	SCHNEEBERGER, ANDRES.....	SEFA-BOAKYE, KOFI.....	343, 642
SANDHU, BASANT.....	400	SCHNEIDER, SARAH.....	SEILNACHT-BERNARD, KAREN....	754
SANDLER, BRYAN.....	1363	SCHNEIDER-MUNOZ, MARGARITA.....	SEITZ, GRETCHEN.....	1065
SANDOC, EMILY.....	1652	.....	SELBY, BLAKE.....	1096
		SCHNICKEL, GABRIEL.....	SELECT SPECIALTY HOSPITAL SAN DIEGO.....	1437
		SCHONBACH, ETIENNE.....	SELTZER, JUSTIN.....	829
		SCHORR, EMILY.....	SENA, TIFFANY.....	1096
		SCHROEDER, JENNIFER....	SERENE HEALTH.....	1674, 1680
		SCHROEDER, MARY.....	SERIO, TAYLOR.....	1527
		SCHROTER, STEPHANIE.....	SERPAS, SHAILA.....	333
		SCHULTE, JESSICA.....	SERRY, ROD.....	752, 757, 1046
		SCHULTZ, HEATHER.....	SHABAIK, AHMED.....	899, 1236
		SCHULTZ, JAMES.....	SHAFFER, KATHERINE.....	679, 1135
		SCHULZ, STEFAN.....	SHAH, MEERA.....	415
		SCHUMAKER, EDWARD.368, 437, 508	SHAH, MITA.....	1180
		SCHWAB, GARY.....	SHAH, NEMI.....	740, 1202
		SCHWARTZ, KRISTY.....	SHAH, SHAILJA.....	836, 1135
		SCHWARTZEL, KEVIN.....	SHAHATTO, LOBNA.....	1152
		SCHWARZ, KATHLEEN.....	SHAHBAZ, LINNAE.....	1016, 1416
			SHAHIDYAZDANI, TINA.....	646
			SHAHTAJI, ALAN.....	334, 628

# M. Primary Care Index

SHANNON, KELLI.....1167	SIETSMA, ALEXANDRA..... 1311	SOUMEKH, MASSOUD..... 1367
SHAPIRO, HILARY..... 801	SIEVERING, DENISE..... 926, 1342	SOUTH BAY POST ACUTE CARE. 1440
SHARIF TABRIZI, AHMAD. ....862, 1192	SILVA SEPULVEDA, JOSE.665, 745,	SOUTHBAY URGENT CARE INC...1716
SHARP CHULA VISTA MED CTR. .1438	768, 984, 1244	SOZANSKI, JESSE..... 1321
SHARP CORONADO HOSP AND	SILVEY, CHRISTOPHER. ....1490, 1528	SPARKS, TODD..... 708, 793, 1007
HEALTHCARE CTR..... 1438	SIMPSON, ERIC..... 1398, 1534	SPEH, BRIAN..... 912, 1307
SHARP MARY BIRCH HOSP FOR	SINGH, GAURAV..... 1111	SPENCE, JAMIE..... 614
WOMEN AND NEWBORNS..... 1438	SINGH, PUJA..... 988, 1272	SPENGLER, NATHAN..... 924, 1337
SHARP MEMORIAL HOSPITAL.... 1438	SINGH, RAMENDEEP..... 416	SPEZIALE, MARK..... 687, 1178
SHARP, LORRA..... 785	SKAF, AYHAM..... 346, 382, 642	SPITZER, MARSHA..... 573, 574
SHARPE, NORMA.314, 318, 408, 584,	SKALSKY, ANDREW..... 992, 1297	SREJIC, UNA..... 1056
648	SKAY, RICHARD..... 1659	SRIDHAR, SUNITA..... 1277
SHAUL, SHERA..... 911, 912, 1307	SKINNER, NICOLE..... 929, 1347	SRILASAK, MICHELE..... 733, 814, 1416
SHAW, BLAKE..... 557	SLATER, JERRY..... 924, 1336	ST PAULS HEALTH CARE CENTER.
SHAW, SUSANNA..... 798, 1055	SLEIMAN, JOSEPH..... 429	..... 1452
SHEETS, ROBERT..... 1284	SLOAN, ERICA..... 715	ST VINCENT DE PAUL VILLAGE
SHEIKH MOHAMED, AMIRA..... 636	SLOANE, CHRISTIAN..... 1120	FAMILY HEALTH CENTER.247, 248,
SHEIKH, ZARA..... 509	SMILDE, RENEE..... 531	249, 250
SHEIKH-MOHAMED, HALA..... 374	SMITH, CASEY..... 829	ST VINCENT DE PAUL VILLAGE
SHEILS, CATHERINE.765, 873, 874,	SMITH, CHELSEY..... 849, 1153	FAMILY HEALTH CENTER, .....520
1027, 1213, 1214	SMITH, DOUGLAS..... 649	STABEN, REBECCA.344, 380, 428,
SHENOY, ASHVIN..... 572	SMITH, EMILY..... 870	553, 656
SHERER, KIMBERLY..... 1266	SMITH, KELLI..... 789, 969	STAHL, KEVIN..... 709
SHEREV, DIMITRI. . 683, 720, 948, 1160	SMITH, SHARON..... 362, 422, 423	STALEY, MICHAELA..... 629
SHERMAN HEIGHTS FAMILY HLTH	SMITH, SONYA..... 1499, 1500, 1544	STALLINGS, ANDREA..... 1307
CTRS INC..... 138, 172, 173	SMOOT, CHARLES..... 510	STANFORD COURT SKILLED
SHERMAN HEIGHTS FAMILY HLTH	SNOOK, BRIAN..... 438	NURSING AND REHAB CENTER. 1453
CTRS INC, ..... 520	SNYDER, CHRISTOPHER..... 510, 628	STEINBERG, LEONARD..... 1245
SHETABI, KAMBIZ..... 533	SNYDER, MICHELLE..... 972	STENSMAN, LARS..... 313, 314
SHETH, HASMUKH..... 354, 573	SOCHA, TRACI..... 610	STEPHENS, LAURA..... 1237
SHETH, SARIKA..... 987, 1266	SOLIS, KEVIN..... 1555, 1652, 1653, 1662	STEPHENSON, SAMUEL.936, 937,
SHI, RUJING..... 531	SOLORIO JR, ROBERTO. .... 1528, 1534	1365
SHI, VERONICA..... 1111	SOMERSET SUBACUTE AND CARE.	STEVENSON, REHEIA..... 814, 972
SHIAU, NANCY..... 573	..... 1442	STEWART, TYLER..... 840
SHIELDS, SEBASTIAN..... 1463	SONG, CAROL..... 1409	STOJANOVSKA, JOVANA..... 787
SHIMIZU, KELSIE MIDORI..... 668	SONG, DELU..... 874, 1027, 1214	STONE, CALVIN..... 1474
SHINDO, YURI..... 842, 1142	SONG, JOYCE..... 407	STONES, RACHEL..... 438
SHIRAKI, JEAN..... 509	SONG, RICHARD..... 1177, 1293	STOVER, LAURIE..... 1294
SHORT, ABIADE..... 344, 642	SONG, WEI..... 1236	STRAKA, CHRISTOPHER..... 1337
SHORT, RICHARD..... 420	SOPHY, ELIZABETH..... 511	STRAZICICH, KARLA..... 407
SHU, I WEI..... 1527	SORIA LOPEZ, JOSE..... 691, 1392	STREET, KYLE..... 1474, 1501
SHUCKETT, ARIEL..... 552, 1202	SORIA, CLAIRE..... 798, 1055	STRINGER, JESSE..... 1245
SHULKIN, MITCHELL..... 1652	SOSA, DAVID..... 363, 364, 489, 490	STUMP, CHARI..... 574
SHUMILAK, KAILI..... 510	SOUDER, CHRISTOPHER.987, 1266,	SU, VENNES..... 490
SICKLES, MAGGIE..... 324	1267	SUAREZ, ROBERTO..... 1528



# M. Primary Care Index

SUBRAMANIAN, RAMA.....	574	TAMAS, VANESSA.....	1267	THOMAS, PAULA.....	1475
SUDHAKAR, DEEPTHI.....	683, 684, 721, 758, 1160, 1161, 1391, 1392	TAMAYO, MAITHE.....	575	THOMAS, ROBERT.....	1154
SUGGS, SARAH.....	793, 794, 1007	TANAKA, HIDEAKI.....	727, 1120	THOMAS, THEODORE.....	1181
SULEIMAN QAFITI, KHAWLA.....	574	TANAKA, MARY.....	321	THOMAS, ZACHARY.....	512
SULLIVAN, ELISSA.....	647	TANG, ANDREW.....	988, 1267	THOMPSON, CHERYL.....	401
SULLIVAN, THOMAS.....	943, 1373	TANG, MICHAEL.....	844	THOMPSON, COLE.....	925, 1339
SUMMERS-DAY, COURTNEY.....	511, 791, 1130	TANTISIRA, KELAN.....	1284	THOMSON, SAMANTHA.....	869, 1203
SUNA SITTO, MOHEEN.....	649	TANTISIRA, LALITA.....	1123, 1153	THYGERSEN, ALAYSA.....	790
SUOZZO, JOSEPH.....	780, 1474	TANTOD, KULIN.....	401	TILLMAN, SYLVIA.....	1609, 1654
SUPAT, BENJAMIN.....	829	TARLE, STEPHANIE.....	918, 1320, 1488, 1528	TILTON, PETER.....	1529
SURI, RAJAT.....	993, 1433	TARVER, LESLIE.....	1488	TIMBERMAN, SARAH.....	1097
SUSAN PARHAM HOUSING CORPORATION.....	1456	TAUB, PAM.....	853	TIZNADO, MONICA.....	1475
SUTTNER, DENISE.....	759, 1178, 1294	TAYLOR, CHRISTOPHER.....	787, 1016, 1017, 1417	TO, TUAN.....	1320, 1529, 1530
SUTTON, BRIAN.....	748	TAYLOR, DAVID.....	849, 1153	TODD, MIKAYLA.....	311, 395, 483
SUYAMA, JULIE.....	869, 1203	TAYLOR, KAYLA.....	483	TODD, SARAH.....	773, 1036, 1267
SUYDAM, STEVEN.....	798, 1056	TAYLOR, MARIO.....	943, 1373, 1374	TOLBA, KAMEI.....	394
SWARTZ, ERIN.....	1096	TAYLOR, TASHA.....	647, 1405	TOLEDO-NADER, CAROLL.....	335
SWARTZ, JOHN.....	334, 511	TCHAKMAKJIAN, LEVON.....	374	TOLENTINO, ARTURO.....	1390
SWEAT, MARIE.....	1190	TEE, ALEXANDRA.....	335	TOMASZEWSKI, DEBRA.....	584
SWEENEY, DANIEL.....	728	TEETER-WITT, ALYSSA.....	780, 1474, 1475	TOMLIN, JEFFREY.....	1367
SWEENEY, NATHALY.....	760, 1179	TEJEDA, FRANCISCO.....	631	TON-NU, MY LINH.....	1550, 1562, 1569, 1579, 1591, 1610, 1623, 1624, 1655
SWEET, JASON.....	1337	TELLECHEA-SANCHEZ, SELMIRA.....	407	TONG, ALEXANDER.....	843, 1142
SWEET, PATRICK.....	629	TERRY, AMANDA.....	393	TONG, GARRICK.....	1535
SWEIGERT, JAMIE.....	1528	TESFAI, HELEN.....	912, 1308	TONJES, ERIKA.....	1097, 1098
SWORDS, KELLY.....	1384	TEW, JOHN.....	1583	TONNU, ANH.....	1562, 1592, 1610, 1655
SY, RAMON.....	637, 1403	THACH, TERILYN.....	1578	TOPILOW, NICOLE.....	874
SYED-UDDIN, SUMIYAH.....	988	THAI, AMANDA.....	1659	TOPPEN, LAURA.....	814, 815, 1098
<b>T</b>			THAI, JUSTIN.....	TORRES, HECTOR.....	1398, 1535
TA, MINI.....	1659	THANGARAJAH, HARIHARAN.....	665, 995, 1377	TORRES, JOANN.....	650, 1405
TA, TRANG.....	1653	THAPER, MOHINDERPAL.....	1045	TOTH, JESSICA.....	423
TABAREZ, NORMA.....	725	THE BRADLEY COURT.....	1442	TOUBIA, ELIAS.....	1555, 1624, 1662
TADDONIO, MICHAEL.....	925, 1338	THE COVE AT LA JOLLA.....	1445	TOVAR PADUA, LEIDY.....	1146
TADROS, ANTHONY.....	925, 1339	THE DORTHY AND JOSEPH GOLGBERG HEALTHCARE CENTER.....	1443	TOWNSEND, LAURIE.....	512
TAGHIZADEH, BEHZAD.....	952	.....	1443	TRAN, ALEXANDER.....	1579, 1656
TAHRIRI, BAHAREH.....	614, 615	THE PAVILION AT OCEAN POINT.....	1452	TRAN, HENRY.....	1610
TAI, KUANGKAI.....	463	.....	1452	TRAN, JESSICA.....	695, 1030, 1031, 1428, 1429
TAING, JENNIFER.....	1097	THE SPRINGS AT PACIFIC REGENT.....	1452	TRAN, KELLY.....	484
TALAVERA, GREGORY.....	334, 629	.....	1452	TRAN, LINH.....	729, 852, 973, 974, 1158, 1433
TALBOT, ADRIANNE.....	1097	THE VILLAS AT POWAY.....	1449	TRAN, MICHAEL.....	1660
TAM, EMILY.....	967, 1029, 1030, 1427, 1428	THIessen, KAREN.....	1529	TRAN, THAO.....	1664
TAM, MAY.....	1654	THIRUNAGARI, HARRSHA.....	407	TRAN, THERESA.....	988, 1268
				TRAN, TONNIA.....	512

# M. Primary Care Index

TRAN, TU-UYEN.....	657	UY, ASHLEY.....	364	VELLORE GOVARDHAN, SHILPA.....	1245
TRANG, CHAU.....	1656	UY, CARMELITA.....	444	VENKATESH, VIJAY.....	965, 1406
TRAUT, JOEL.....	1268	<b>V</b>			
TREJO, RAUL.....	335, 630	VAHABZADEH-HAGH, ANDREW.....	890, 891, 1230, 1231	VENNAM, VAMSI.....	1476
TRI CITY MEDICAL CTR.....	1438	VAHDAT, VALERIE.....	1388	VENTRO, GEORGE.....	933, 1356
TRIMM, CASSIDY.....	929, 930	VAHDOT, NOUSHIN.....	926, 1340	VERDUZCO GONZALEZ, AURORA.....	362, 432
TRIVEDI, SURAJ.....	798, 1056	VAIDYA, KAMALA.....	699, 773, 1036, 1269	VERRET, ERIC.....	1579
TROYER, EMILY.....	1464, 1530	VAKILIAN, SIAVOSH.....	782, 1340, 1341	VETTICADEN, SANTOSH.....	404
TRUECARE.....	24, 25, 26, 83, 84, 85, 130, 131, 132, 133, 134, 135, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260	VALDEZ, KRYSTAL.....	531, 1124	VIA RIO HOUSE.....	1445
TRUECARE.....	319, 391, 452, 463, 602, 603	VALENCIA, MARILES.....	354, 445	VIBAL-POASTER, MARIA.....	1098
TRUJILLO, DALE.....	815	VALENZUELA, TRICIA.....	513	VICTORIA POST ACUTE CARE.....	1442, 1443
TRUJILLO, JENNIFER.....	344, 554, 1204	VALLE VISTA POST ACUTE.....	1444	VIDAL, MONICA.....	451, 452, 1021, 1421, 1422
TRUJILLO, MIGUEL.....	649	VALLEZ-BARLAM, ANDREA.....	780, 781, 1048, 1475, 1476, 1502	VIDAURAZAGA, MONICA.....	532
TRUONG, NHA.....	512	VAN DYKE, JASON.....	591	VIDEEN, JOHN.....	689
TSAI, MATTHEW.....	836, 1135	VAN HOLLEBEKE, RACHEL.....	313, 630	VIERLING, SABRINA.....	1321, 1531
TSUCHIYA, KIMIKO.....	513	VAN HOOSE, MARC.....	1657	VILLA CORONADO CONVALESCENT.....	1440
TSUDA, PAIGE.....	799, 1057	VAN PRATT LEVIN, AISHA.....	1401	VILLA LAS PALMAS HEALTHCARE CTR.....	1443
TSUI, NANCY.....	1611	VAN PRATT LEVIN, BENJAMIN.....	1130	VILLA RANCHO BERNARDO CARE CENTER.....	1452
TU, BEVERLY.....	1611	VAN WOY, LAUREN.....	1269	VILLA, ANGELICA.....	1555
TU, CHARLES.....	1656	VANDEWIELE, EMILY.....	1348	VILLA, MARIA.....	513
TUEROS, VICTORIA.....	484	VANE, JACKSON.....	1269	VILLALOBOS, REBECA.....	485, 1099
TULLY, JEFFREY.....	799, 1057	VANETSKY, GARY.....	748	VILLANUEVA DE GUTIE, BERENICE.....	363, 432
TUNG, VIVIAN.....	415	VANFOSSEN, BRIAN.....	1321, 1530	VILLANUEVA, GIOVANNI.....	709, 794, 1007
TURNER, ELIZABETH.....	1098	VAQUERO, JUANA.....	781, 1476	VINCENT, BERLIN.....	1104
TURNER, SHEREENA.....	387, 584	VARGAS TRUJILLO, MARCELA.....	990, 1273	VINCENT, LAUREN.....	327
TZENG, ERIC.....	799, 1057	VARGAS, CHRISTOPHER.....	701	VINH, JOHN.....	1562, 1569, 1592, 1611, 1624
<b>U</b>				VISTA COMMUNITY CLINIC.....	100, 126, 127, 128, 299, 300, 301, 302, 303, 304, 305, 306, 307, 1681
U, HOI.....	939, 1368	VARGAS, JACLYN.....	960, 1037, 1270	VISTA COMMUNITY CLINIC GRAPEVINE.....	307, 308, 309
UCSD LA JOLLA JOHN SALLY THORNTON.....	1439	VASQUEZ, BENJAMIN.....	930, 1348	VISTA COMMUNITY CLINIC GRAPEVINE.....	661
UCSD MEDICAL CTR.....	1439	VAUGHN, GABRIELLE.....	1245	VISTA COMMUNITY CLINIC HORNE STREET.....	128, 129
UCSD MEDICAL GROUP.....	533, 534	VAVINSKAYA, VERA.....	899, 1237	VISTA COMMUNITY CLINIC HORNE STREET.....	453
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.....	308, 309, 310		
UNSDORFER, KYLE.....	925, 1340	VCC DURIAN.....	661		
UNTERBERG, STEPHEN.....	1384, 1385	VEGA, SARAH.....	1294, 1295		
UPASANI, VIDYADHAR.....	995, 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		

# M. Primary Care Index

VISTA COMMUNITY CLINIC PIER VIEW WAY.....127	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, 964, 1325	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.....1100	
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.....593	YAO, CATHERINE.....354	
WASTILA, LISA.....532	WILLIAMS, JINA.....660	YAPHOCKUN, KAREN.....1272	
WATERS, ELIZABETH.....576	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, 602	YODER, ANDREA.....800, 1057	
WEAVER, APRIL.....664	WILSON, CARLENE.....1500, 1545	YOON, RYAN.....336	
WEAVER, JESSICA.933, 993, 1356, 1434	WINDHAM, SUZONNE..1017, 1417, 1418	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. Primary Care Index

---

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.....	558		
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

**Mailing address:**

**Blue Shield of California Promise Health Plan**

3840 Kilroy Airport Way  
Long Beach, CA 90806

**Customer Care**

(855) 699-5557, 8 a.m. to 6 p.m.  
Monday through Friday

**Hearing-Impaired Assistance TTY**

(through California Relay Service) 711,  
8 a.m. to 6 p.m.  
Monday through Friday

**[blueshieldpromise.com](https://blueshieldpromise.com)**

DIR50528-SD 06/2024



Promise Health Plan

**Blue Shield of CA Promise Health**

PO Box 4317

Woodland Hills, CA 91365-4317

PRESORTED  
BOUND PRINTED  
MATTER  
U.S. POSTAGE **PAID**  
BSC