

提供者目錄



Medi-Cal
San Diego 縣 | October 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: Չանզահարեք 1-855-699-5557 (TTY՝ 711) հեռախոսահամարով: Այդ ծառայություններն անվճար են:

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

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

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

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

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

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

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

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

Mienh Tagline (Mien) LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-855-699-5557 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-855-699-5557 (TTY: 711). Naaiv deix nzie Weih Gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711) | 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 serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking titik. Tumawag sa 1-855-699-5557 (TTY: 711). Libre ang mga serbisyong ito.

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

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

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

目錄

A. 簡介	6
禁止歧視通知	8
如何提出申訴	8
Blue Shield Promise 提供者網路	11
提供者目錄無障礙通行設施標誌	12
無障礙通行設施代碼說明	13
如何查閱提供者列表	14
及時獲得護理的標準	15
B. 具備聯邦資質的健康診所	19
C. 初級保健名錄	310
D. 專業提供者目錄	713
E. 醫院名錄 - 普通急症醫院	1478
F. 長期護理 (LTC) 和專業護理機構 (SNF)	1483
G. 基於社群的成人服務 (CBAS) - 成人日間服務	1500
H. 縣居家支援服務 (IHSS)	1503
I. 心理健康名錄	1504
J. 視力提供者目錄 - 眼科和視力服務	1594
K. 其他服務提供者 (社區支援、增強護理管理)	1721
L. Blue Shield Promise 緊急護理設施	1744
M. 初級保健索引	1781

A. 簡介

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

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

更換您的 PCP

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

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

blueshieldca.com/promise。

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

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

醫療保健服務時，您將需要出示您的 Medi-Cal (BIC) 卡。

 <p>Member: JOHN DOE Member ID: AAA123456789 CIN: Variable Information Health Plan Group #: 00001001 Effective Date: MMYYDDYYYY</p>	<p>www.blueshieldca.com/promise</p> <table><tr><td>Customer Care</td><td>(800) 605-2556 (TTY: 711)</td></tr><tr><td>Provider Services</td><td>(800) 468-9935</td></tr><tr><td>Transportation</td><td>(800) 433-2178</td></tr><tr><td>Nurse Help Line</td><td>(800) 609-4166</td></tr><tr><td>Behavioral Health</td><td>(800) 765-9701 (TTY: 711)</td></tr></table> <p><small>This member has limited benefits under the plan services a member receives in California. Provider: The card is for identification purposes only, and does not represent eligibility for services. Blue Shield of California Promise Health Plan is a member of Blue Shield of California Promise Health Plan. Please see the details with your local DCCS for more information and the member's local care services. L.A. Care: Call L.A. Care Customer Service to obtain medical and fiscal address or for information on your member's insurance.</small></p>	Customer Care	(800) 605-2556 (TTY: 711)	Provider Services	(800) 468-9935	Transportation	(800) 433-2178	Nurse Help Line	(800) 609-4166	Behavioral Health	(800) 765-9701 (TTY: 711)
Customer Care	(800) 605-2556 (TTY: 711)										
Provider Services	(800) 468-9935										
Transportation	(800) 433-2178										
Nurse Help Line	(800) 609-4166										
Behavioral Health	(800) 765-9701 (TTY: 711)										

Blue Shield 保險卡 (BIC)

Medi-Cal Rx 的藥房服務

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

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

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

如何使用本目錄

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

您可使用本提供者目錄，以選擇一位

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

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

其他重要資訊和披露

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

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

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

blueshieldca.com/promise。

就診某些提供者可能需要授權或轉介。

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

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

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

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

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

禁止歧視通知

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

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

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

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

(800) 605-2556 (Los Angeles)

(855) 699-5557 (San Diego)

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

Blue Shield of California Promise Health Plan Customer Service

3840 Kilroy Airport Way, Long Beach, CA 90806

(800) 605-2556 (Los Angeles)

(855) 699-5557 (San Diego)

聽障和語障專線：711

如何提出申訴

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

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

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

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

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

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

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

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

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

Blue Shield Promise 提供者網路

定義與一般資訊

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

家庭與全科醫學：為兒童、成年男性和女性提供治療的醫生。

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

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

內科：為 18 歲以上的成年男性和女性提供治療的醫生。

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








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

婦產科：專門從事女性健康與產科護理的醫生。

兒科：為 18 歲以下兒童提供治療的醫生。

主治醫生 (PCP)：作為 Blue Shield Promise 的會

提供者目錄要點

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

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

- 家庭與全科醫學
- 內科
- 婦產科
- 兒科

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

提供者目錄無障礙通行設施標誌

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

E (Exam Room) = 檢查室

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

T (Exam Table/Scale) = 檢查台/磅秤

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

EB (Exterior Building) = 大樓外部

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

IB (Interior Building) = 大樓內部

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

P (Parking) = 停車場

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

R (Restroom) = 洗手間

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

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



無障礙通行設施代碼說明

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

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

如何查閱提供者列表

下述資訊可說明您選擇 PCP。

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

示例：

1. 兒科
2. Doe, Jane, MD
3. 提供者 ID: 00A2123456
4. 女
5. 執照號碼：00A123456
6. NPI: 0123456789
7. 英語、西班牙語、越南語、波斯語、韓語、中文、阿拉伯語
8. 是
9. **Good Samaritan Hospital**
10. 兒科
11. **Northeast County Community Clinic**
12. **3840 Kilroy Airport Way
Long Beach, CA 90806**
13. (855) 699-5557
14. (855) 699-5557
15. www.northeastclinic.com
16. doctordoe@gmail.com
17. 是/否
18. 0-18
19. 有限服務。P, EB, IB, E
20. 週一至週五上午 8 點至下午 5 點

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

及時獲得護理的標準

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

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

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

San Diego:


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


B. 具備聯邦資質的健康診所


ALPINE

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

 Phone: 619-445-6200

 After Hours Phone:
619-445-6200

License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:

619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: 90000681

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

 Phone: 619-662-4100


 After Hours Phone:
619-662-4100


License Number: A158569

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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

B. 具備聯邦資質的健康診所

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

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

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

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

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: PA20490

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes Cultural Competency: No





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



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

B. 具備聯邦資質的健康診所




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



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




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

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

BORREGO SPRINGS

BORREGO MEDICAL CLINIC

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

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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

BORREGO MEDICAL CLINIC

Provider ID: 185179

4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:
760-767-5051

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

BORREGO MEDICAL CLINIC

Provider ID: 185179

4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:
760-767-5051

License Number: 80000651

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: Yes

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

BORREGO MEDICAL CLINIC

Provider ID: 185179

4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:
760-767-5051

License Number: G85319

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

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

B. 具備聯邦資質的健康診所

FOUNDTION


 Website: N/A


CAMPO

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028

 Phone: 619-445-6200

 After Hours Phone:
619-445-6200


License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028

 Phone: 619-445-6200

 After Hours Phone:
619-445-6200

License Number: A88893

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: 20A18400

NPI: 1598122871

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

 Site English Spoken: Yes

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

B. 具備聯邦資質的健康診所

Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS RD CAMPO, CA 91906-2028

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: 90000660

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS RD CAMPO, CA 91906-2028

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: PA20490

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: N/A*


CARLSBAD

TRUECARE

Provider ID: 480120

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

 *Phone: 760-736-6767*

 *After Hours Phone: 760-736-6767*

License Number: A131678


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

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

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

TRUECARE


Provider ID: 480120

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

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

B. 具備聯邦資質的健康診所

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: A49273


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

TRUECARE


Provider ID: 480120

 1295 CARLSBAD VILLAGE

DR, STE 100

CARLSBAD, CA

92008-1950

 Phone: 760-736-6767

 After Hours Phone:

760-736-6767

License Number: A93248


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

TRUECARE


Provider ID: 480120

 1295 CARLSBAD VILLAGE

DR, STE 100

CARLSBAD, CA

92008-1950

 Phone: 760-736-6767

 After Hours Phone:

760-736-6767

License Number: G74757


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

TRUECARE


Provider ID: 480120


 1295 CARLSBAD VILLAGE

DR, STE 100

CARLSBAD, CA

92008-1950

 Phone: 760-736-6767

 After Hours Phone:

760-736-6767

License Number: PA53036


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

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

B. 具備聯邦資質的健康診所

TRUECARE

Provider ID: 480120

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

Phone: 760-736-6767

Fax: 760-720-7204

After Hours Phone:
760-736-6767

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

TRUECARE

Provider ID: 480120

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

Phone: 760-736-6767

Fax: 760-720-7204

After Hours Phone:

760-736-6767

License Number: 80000630

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

TRUECARE

Provider ID: 480120

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

Phone: 760-736-6767

Fax: 760-720-7204

After Hours Phone:
760-736-6767

License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

CHULA VISTA

CHULA VISTA PEDIATRICS

Provider ID: 482034

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

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A49591

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None





Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

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

B. 具備聯邦資質的健康診所

<p>N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>  <i>Website: www.ihpsocal.org</i></p>	<p> 855 3RD AVE STE 2200 CHULA VISTA, CA 91911-1353  <i>Phone: 619-662-4100</i>  <i>After Hours Phone: 619-662-4100</i> <i>License Number: C51110</i> <i>NPI: 1598122871</i></p>	<p> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i>  <i>Hours: SU 9:00AM-4:00PM</i> <i>MO 9:00AM-4:00PM</i> <i>TU 9:00AM-4:00PM</i> <i>WE 9:00AM-4:00PM</i> <i>TH 9:00AM-4:00PM</i> <i>FR 9:00AM-4:00PM</i> <i>SA 9:00AM-4:00PM</i> <i>American Sign Language (ASL):</i></p>
<p>CHULA VISTA PEDIATRICS <i>Provider ID: 482034</i>  855 3RD AVE STE 2200 CHULA VISTA, CA 91911-1353  <i>Phone: 619-662-4100</i>  <i>After Hours Phone: 619-662-4100</i> <i>License Number: A82912</i> <i>NPI: 1598122871</i> <i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i></p>	<p> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i>  <i>Hours: SU 9:00AM-4:00PM</i> <i>MO 9:00AM-4:00PM</i> <i>TU 9:00AM-4:00PM</i> <i>WE 9:00AM-4:00PM</i> <i>TH 9:00AM-4:00PM</i> <i>FR 9:00AM-4:00PM</i> <i>SA 9:00AM-4:00PM</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> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i>  <i>Hours: SU 9:00AM-4:00PM</i> <i>MO 9:00AM-4:00PM</i> <i>TU 9:00AM-4:00PM</i> <i>WE 9:00AM-4:00PM</i> <i>TH 9:00AM-4:00PM</i> <i>FR 9:00AM-4:00PM</i> <i>SA 9:00AM-4:00PM</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.ihpsocal.org</i></p>	<p>OTAY FAMILY HEALTH CLINIC <i>Provider ID: 314546</i>  1637 3RD AVE STE H CHULA VISTA, CA 91911-5823  <i>Phone: 619-205-1360</i>  <i>After Hours Phone: 619-205-1360</i> <i>License Number: A95959</i> <i>NPI: 1598122871</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.ihpsocal.org</i></p>	<p>CHULA VISTA PEDIATRICS <i>Provider ID: 482034</i>  855 3RD AVE STE 2200 CHULA VISTA, CA 91911-1353  <i>Phone: 619-662-4100</i> <i>Fax: 619-662-4196</i>  <i>After Hours Phone: 619-662-4100</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> <i>FR 8:00AM-5:00PM</i> <i>SA 8:00AM-5:00PM</i> <i>American Sign Language (ASL):</i></p>
<p>CHULA VISTA PEDIATRICS <i>Provider ID: 482034</i></p>	<p><i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i></p>	

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


B. 具備聯邦資質的健康診所

- N**
 **Accessibility:** CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 **Website:** www.ihpsocal.org
- OTAY FAMILY HEALTH CLINIC**
Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
 **Phone:** 619-205-1376
 **After Hours Phone:**
619-205-1376
License Number: A179598
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 **Site English Spoken:** Yes
Cultural Competency: No
 **Hours:** SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL):
N
-  **Accessibility:** CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 **Website:** www.ihpsocal.org
- OTAY FAMILY HEALTH CLINIC**
Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
 **Phone:** 619-662-4100
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
-  **Site English Spoken:** Yes
Cultural Competency: No
 **Hours:** SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL):
N
-  **Accessibility:** CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 **Website:** www.ihpsocal.org
- OTAY FAMILY HEALTH CLINIC**
Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
 **Phone:** 619-662-4100
After Hours Phone:
619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
-  **Site English Spoken:** Yes
Cultural Competency: No
 **Hours:** SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
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: 20A11087
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 **Site English Spoken:** Yes
Cultural Competency: No
 **Hours:** SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

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


B. 具備聯邦資質的健康診所



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

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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
 CHULA VISTA, CA
 91910-5736


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

License Number: 20A12555
 NPI: 1598122871


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



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

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

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


Provider ID: 427322

 678 3RD AVE
 CHULA VISTA, CA
 91910-5736


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

License Number: 20A13225
 NPI: 1598122871


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



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

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

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



Provider ID: 427322

 678 3RD AVE
 CHULA VISTA, CA
 91910-5736

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

619-662-4100
 License Number: 20A14025
 NPI: 1598122871

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


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



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

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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
 CHULA VISTA, CA
 91910-5736

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

License Number: 20A19485
 NPI: 1598122871

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

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

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

B. 具備聯邦資質的健康診所

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

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

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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A114893


NPI: 1598122871

Accepting New Patients: Yes


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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

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: A115598


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

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


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A115699


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM


WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM


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


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

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























Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

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

B. 具備聯邦資質的健康診所


<p> <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A120672 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None</p>	<p> <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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> <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>
<p><input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No  <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>	<p>SAN YSIDRO HEALTH CHULA VISTA <i>Provider ID:</i> 427322  678 3RD AVE CHULA VISTA, CA 91910-5736  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100</p>
<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>	<p>SAN YSIDRO HEALTH CHULA VISTA <i>Provider ID:</i> 427322  678 3RD AVE CHULA VISTA, CA 91910-5736  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100</p>	<p><i>License Number:</i> A123492 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None <input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No  <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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>SAN YSIDRO HEALTH CHULA VISTA <i>Provider ID:</i> 427322  678 3RD AVE CHULA VISTA, CA 91910-5736  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A121861 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None <input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No</p>	<p><i>License Number:</i> A123263 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None <input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No  <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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>American Sign Language (ASL):</i> N</p>	<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>


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

B. 具備聯邦資質的健康診所

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A123604

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:

619-662-4100

License Number: A127706

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A134303

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100


 After Hours Phone:
619-662-4100


License Number: A138474

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N





 Accessibility: CONTACT

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

B. 具備聯邦資質的健康診所

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







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


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




B. 具備聯邦資質的健康診所



SA 8:00AM-5:00PM
American Sign Language (ASL): **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: A164392
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM




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

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





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

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

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

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

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

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone: 619-662-4100
License Number: A40473
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No

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

B. 具備聯邦資質的健康診所

 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
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: A41486


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A47906

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A50477


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:

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

B. 具備聯邦資質的健康診所

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

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

American Sign Language (ASL):
N

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

SAN YSIDRO HEALTH CHULA VISTA

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

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

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

American Sign Language (ASL):
N

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

SAN YSIDRO HEALTH CHULA VISTA

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

License Number: A69264
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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

American Sign Language (ASL):
N

♿ Accessibility: CONTACT

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

SAN YSIDRO HEALTH CHULA VISTA

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

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

American Sign Language (ASL):
N

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



SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

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

B. 具備聯邦資質的健康診所

 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

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

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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322


 678 3RD AVE
CHULA VISTA, CA
91910-5736

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

License Number: C55563
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

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

B. 具備聯邦資質的健康診所

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: DC20760

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: DC31963

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: DC33295

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: DDS102880

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None



Site English Spoken: Yes
Cultural Competency: No

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






American Sign Language (ASL):
N



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

B. 具備聯邦資質的健康診所






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

SAN YSIDRO HEALTH CHULA VISTA

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




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



SAN YSIDRO HEALTH CHULA VISTA



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

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






SAN YSIDRO HEALTH CHULA VISTA

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

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

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

SAN YSIDRO HEALTH CHULA VISTA

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


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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

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

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

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

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

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

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR 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

FAMILY HLTH CTR SAN

DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST

CHULA VISTA, CA

91911-1208

Phone: 619-515-2325

Fax: 619-420-0660

After Hours Phone:

619-515-2325

License Number: 550002305

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE

CHULA VISTA, CA

91910-2628

Phone: 619-515-2500

After Hours Phone:

619-515-2500

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM


American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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


B. 具備聯邦資質的健康診所


 Website: www.fhcsd.org

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

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

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

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone:
619-515-2500

License Number: A114181

NPI: 1134155377




























Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes








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

B. 具備聯邦資質的健康診所

 <i>Site Languages(s) Spoken:</i> Spanish	FR 8:00AM-5:00PM SA 8:00AM-5:00PM	 <i>Website:</i> www.ihpsocal.org
<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>	CHULA VISTA FAMILY HLTH CTR
 <i>Hours:</i> SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM	N	<i>Provider ID:</i> 206355
<i>American Sign Language (ASL):</i>	 <i>Accessibility:</i> CONTACT PROVIDER	 251 LANDIS AVE CHULA VISTA, CA 91910-2628
N	<i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA	 <i>Phone:</i> 619-515-2500
 <i>Accessibility:</i> CONTACT PROVIDER	 <i>Website:</i> www.ihpsocal.org	 <i>After Hours Phone:</i>
<i>Medical Group/IPA:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	SAN YSIDRO HEALTH CHULA VISTA	619-515-2500
 <i>Website:</i> www.fhcsd.org	<i>Provider ID:</i> 427322	<i>License Number:</i> A118095
SAN YSIDRO HEALTH CHULA VISTA	 678 3RD AVE CHULA VISTA, CA 91910-5736	<i>NPI:</i> 1134155377
<i>Provider ID:</i> 427322	 <i>Phone:</i> 619-662-4100	<i>Accepting New Patients:</i> Yes
 678 3RD AVE CHULA VISTA, CA 91910-5736	 <i>Fax:</i> 619-425-1184	<i>Min/Max Age:</i> 0\None
 <i>Phone:</i> 619-662-4100	 <i>After Hours Phone:</i>	 <i>Site English Spoken:</i> Yes
 <i>After Hours Phone:</i>	619-662-4100	 <i>Site Languages(s) Spoken:</i>
<i>License Number:</i> SP18192	<i>NPI:</i> 1598122871	Spanish
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Cultural Competency:</i> No
<i>Min/Max Age:</i> 0\None	<i>Min/Max Age:</i> 0\None	 <i>Hours:</i> SU 9:00AM-5:00PM
 <i>Site English Spoken:</i> Yes	 <i>Site English Spoken:</i> Yes	MO 9:00AM-5:00PM
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	TU 9:00AM-5:00PM
 <i>Hours:</i> SU 8:00AM-5:00PM	 <i>Hours:</i> SU 8:00AM-5:00PM	WE 9:00AM-5:00PM
MO 8:00AM-5:00PM	MO 8:00AM-5:00PM	TH 9:00AM-5:00PM
TU 8:00AM-5:00PM	TU 8:00AM-5:00PM	FR 9:00AM-5:00PM
WE 8:00AM-5:00PM	WE 8:00AM-5:00PM	SA 9:00AM-5:00PM
TH 8:00AM-5:00PM	TH 8:00AM-5:00PM	<i>American Sign Language (ASL):</i>
	FR 8:00AM-5:00PM	N
	SA 8:00AM-5:00PM	 <i>Accessibility:</i> CONTACT
	<i>American Sign Language (ASL):</i>	PROVIDER
	N	<i>Medical Group/IPA:</i> FAMILY
	 <i>Accessibility:</i> CONTACT	HEALTH CENTERS OF SAN
	PROVIDER	DIEGO
	<i>Medical Group/IPA:</i> IHP OF	 <i>Website:</i> www.fhcsd.org
	SOUTHERN CALIFORNIA	CHULA VISTA FAMILY HLTH
		CTR
		<i>Provider ID:</i> 206355

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






B. 具備聯邦資質的健康診所

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

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
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR







Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
 Phone: 619-515-2500
 After Hours Phone:
619-515-2500
License Number: A153344
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes

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

CHULA VISTA FAMILY HLTH CTR



Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
 Phone: 619-515-2500
 After Hours Phone:
619-515-2500
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM





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



B. 具備聯邦資質的健康診所

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





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


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





CHULA VISTA FAMILY HLTH CTR



Provider ID: 206355
 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
 Phone: 619-515-2500
 After Hours Phone:
619-515-2500
License Number: A164859
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

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

 Website: www.fhcsd.org

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

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

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






B. 具備聯邦資質的健康診所

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

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
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR







Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
 Phone: 619-515-2500
 After Hours Phone:
619-515-2500
License Number: A72005
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes

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

CHULA VISTA FAMILY HLTH CTR



Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
 Phone: 619-515-2500
 After Hours Phone:
619-515-2500
License Number: A73172
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM





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



B. 具備聯邦資質的健康診所

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





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


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





CHULA VISTA FAMILY HLTH CTR



Provider ID: 206355
 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: C174771
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM

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

 Website: www.fhcsd.org

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

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

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






B. 具備聯邦資質的健康診所

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

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
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR







Provider ID: 206355

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

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


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

B. 具備聯邦資質的健康診所

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

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628

 Phone: 619-515-2500

 After Hours Phone:
 619-515-2500

License Number: NP23687

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
 Spanish

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628

 Phone: 619-515-2500

 After Hours Phone:
 619-515-2500

License Number: NP95001492

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
 Spanish

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628

 Phone: 619-515-2500

 After Hours Phone:
 619-515-2500

License Number: NP95001705

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
 Spanish

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355


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

B. 具備聯邦資質的健康診所

 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

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

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER



Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO

 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628


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

License Number: 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

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





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



B. 具備聯邦資質的健康診所

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





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


CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 251 LANDIS AVE
CHULA VISTA, CA
91910-2628
 Phone: 619-515-2500
 After Hours Phone:
619-515-2500
License Number: PT292823
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL):
N

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





CHULA VISTA FAMILY HLTH CTR

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

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

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

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




B. 具備聯邦資質的健康診所

 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: PT295173
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

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

CHULA VISTA FAMILY HLTH CTR





Provider ID: 206355

 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 Phone: 619-515-2500
 Fax: 619-397-1161
 After Hours Phone:
 619-515-2500
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes

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

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

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


B. 具備聯邦資質的健康診所

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

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: 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: 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

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 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: 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

EL CAJON

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY
 EL CAJON, CA 92021-7416

 Phone: 619-795-5991

 After Hours Phone:
 619-795-5991

License Number: 20A14222

NPI: 1609849074

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


B. 具備聯邦資質的健康診所

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

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

 After Hours Phone:
619-795-5991

License Number: 20A6433


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

 After Hours Phone:
619-795-5991

License Number: A123929


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


 Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

 After Hours Phone:
619-795-5991

License Number: A160760


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org



LA MAESTRA CHC EL CAJON BROADWAY



Provider ID: 418501

 1032 BROADWAY
EL CAJON, CA 92021-7416

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

B. 具備聯邦資質的健康診所





 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

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

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



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

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

B. 具備聯邦資質的健康診所

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

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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

Phone: 619-312-0347

After Hours Phone:
619-312-0347

License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

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


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

B. 具備聯邦資質的健康診所

PROVIDER
 Medical Group/IPA: LA
 MAESTRA FAMILY CLINIC
 Website: www.lamaestra.org





LA MAESTRA FAMILY CLINIC INC


Provider ID: 185267
 165 S 1ST ST
 EL CAJON, CA 92019-4795
 Phone: 619-312-0347
 After Hours Phone:
 619-312-0347
 License Number: 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

LA MAESTRA FAMILY CLINIC INC


Provider ID: 185267
 165 S 1ST ST
 EL CAJON, CA 92019-4795
 Phone: 619-312-0347
 After Hours Phone:
 619-312-0347
 License Number: A68184
 NPI: 1609849074
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM


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

Medical Group/IPA: LA
 MAESTRA FAMILY CLINIC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267
 165 S 1ST ST
 EL CAJON, CA 92019-4795
 Phone: 619-312-0347
 After Hours Phone:
 619-312-0347


License Number: PA58466
 NPI: 1609849074
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM

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

Medical Group/IPA: LA
 MAESTRA FAMILY CLINIC
 Website: www.lamaestra.org

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

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

B. 具備聯邦資質的健康診所


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

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

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

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


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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM


TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: 20A14919


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM


SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: 20A7241


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A107093


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON


Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


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

B. 具備聯邦資質的健康診所

 After Hours Phone:
619-515-2498
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


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



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



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


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


B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: 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

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

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

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


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

B. 具備聯邦資質的健康診所




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



FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340
 525 E MAIN ST
EL CAJON, CA 92020-4007
 Phone: 619-515-2498
 After Hours Phone:
619-515-2498
License Number: A144974
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:30AM-5:30PM
MO 8:30AM-5:30PM
TU 8:30AM-5:30PM
WE 8:30AM-5:30PM
TH 8:30AM-5:30PM
FR 8:30AM-5:30PM
SA 8:30AM-5:30PM

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

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






**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

**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

**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

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

B. 具備聯邦資質的健康診所

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

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
 EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
 619-515-2498


License Number: A152462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
 Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
 EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
 619-515-2498


License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
 Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

CHASE AVENUE FAMILY HEALTH CTRS INC






















Provider ID: 206354

 1111 W CHASE AVE
 EL CAJON, CA 92020-5710

 Phone: 619-515-2499

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

B. 具備聯邦資質的健康診所

-  *After Hours Phone:*
619-515-2499
License Number: DC33150
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
- Site English Spoken:* Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
-  *Hours:* SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL):
N
-  *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website:* www.fhcsd.org
- 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
- CHASE AVENUE FAMILY HEALTH CTRS INC**
Provider ID: 206354
 1111 W CHASE AVE
EL CAJON, CA 92020-5710
 *Phone:* 619-515-2499
Fax: 619-593-7164
 *After Hours Phone:*
619-515-2499
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
- Site English Spoken:* Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
-  *Hours:* SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL):
N
-  WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-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: 20A13700
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
- Site English Spoken:* Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
-  *Hours:* SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL):
N

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

B. 具備聯邦資質的健康診所


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE
EL CAJON, CA 92020-5710

 *Phone: 619-515-2499*

 *After Hours Phone: 619-515-2499*

License Number: A110192

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken: Spanish

Cultural Competency: No

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

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*

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

B. 具備聯邦資質的健康診所

<p>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</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p>	<p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p> <p>CENTRO MEDICO EL CAJON Provider ID: 478971</p> <p> 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</p> <p> Phone: 619-401-0404 After Hours Phone: 619-401-0404</p> <p>License Number: G52812 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-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</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p>	<p> Phone: 619-401-0404 After Hours Phone: 619-401-0404</p> <p>License Number: NP95001710 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-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</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p>
<p>CENTRO MEDICO EL CAJON Provider ID: 478971</p> <p> 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</p> <p> Phone: 619-401-0404 After Hours Phone: 619-401-0404</p> <p>License Number: A98486 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-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</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p>	<p>CENTRO MEDICO EL CAJON Provider ID: 478971</p> <p> 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</p> <p> Phone: 619-401-0404 After Hours Phone: 619-401-0404</p> <p>License Number: A98486 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-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</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p>	<p>CENTRO MEDICO EL CAJON Provider ID: 478971</p> <p> 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</p> <p> Phone: 619-873-8940 After Hours Phone: 619-873-8940</p> <p>License Number: 20A11733 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p>
<p>CENTRO MEDICO EL CAJON Provider ID: 478971</p> <p> 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</p> <p> Phone: 619-401-0404 After Hours Phone: 619-401-0404</p> <p>License Number: A98486 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-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</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p>	<p>CENTRO MEDICO EL CAJON Provider ID: 478971</p> <p> 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</p> <p> Phone: 619-401-0404 After Hours Phone: 619-401-0404</p> <p>License Number: A98486 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-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</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION</p> <p> Website: N/A</p>	<p>CENTRO MEDICO EL CAJON Provider ID: 478971</p> <p> 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325</p> <p> Phone: 619-873-8940 After Hours Phone: 619-873-8940</p> <p>License Number: 20A11733 NPI: 1134144165</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p>

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

B. 具備聯邦資質的健康診所

🕒 *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

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*

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

B. 具備聯邦資質的健康診所

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: 619-873-8940*

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
FOUNDATION*

 *Website: N/A*


CENTRO MEDICO EL CAJON

Provider ID: 478971

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

 *Phone: 619-873-8940*

Fax: 619-401-0522

 *After Hours Phone:
619-873-8940*

License Number: 550000430


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: Yes

 *Hours: SU 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*

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

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

 *Phone: 619-515-2498*

 *After Hours Phone:
619-515-2498*

License Number: PA23258

NPI: 1134155377

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

 *Site English Spoken: Yes
Cultural Competency: No*

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

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*


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

 *Website: www.fhcsd.org*

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

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

 *Phone: 619-515-2498*

 *After Hours Phone:
619-515-2498*

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

B. 具備聯邦資質的健康診所

License Number: 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

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: PT295173

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

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


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

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

B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

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

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:
619-515-2498

License Number: 550003553

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

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

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

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

B. 具備聯邦資質的健康診所

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



FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340
 525 E MAIN ST
EL CAJON, CA 92020-4007
 *Phone: 619-515-2498*
 *After Hours Phone: 619-515-2498*
License Number: A164859
NPI: 1134155377

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

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

American Sign Language (ASL): N

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

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*

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*

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

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

B. 具備聯邦資質的健康診所

TU 8:30AM-5:30PM
WE 8:30AM-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: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT


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


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A83390

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

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

B. 具備聯邦資質的健康診所

License Number: 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

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

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: DPM5661

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

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


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


B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: 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

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

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:
619-515-2498


License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:
619-515-2498


License Number: NP95007000

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM


American Sign Language (ASL):

N






 Accessibility: CONTACT


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

B. 具備聯邦資質的健康診所

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




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

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

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

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

B. 具備聯邦資質的健康診所

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

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD
 EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:
 619-662-4100

License Number: NP95012943

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
 Spanish, Tagalog

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD
 EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:
 619-662-4100

License Number: PT40025

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
 Spanish, Tagalog

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD
 EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:

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

B. 具備聯邦資質的健康診所

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
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

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

B. 具備聯邦資質的健康診所

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A101773

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A101888

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

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


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


B. 具備聯邦資質的健康診所

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

SAN YSIDRO HEALTH EL CAJON

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

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

SOUTHERN CALIFORNIA
 Website: N/A


SAN YSIDRO HEALTH EL CAJON

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

License Number: A134995
NPI: 1598122871

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

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

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


American Sign Language (ASL):
N



 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

SAN YSIDRO HEALTH EL CAJON


Provider ID: 569910
 875 EL CAJON BLVD

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

License Number: A40473
NPI: 1598122871

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

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: A47906
NPI: 1598122871

Accepting New Patients: Yes

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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-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: 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

License Number: A96002

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: DC29074

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: PA19437


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: PA22667


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT

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

B. 具備聯邦資質的健康診所

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

TRUECARE

Provider ID: 480243
1130 2ND ST
ENCINITAS, CA
92024-5008
Phone: 760-753-7842
After Hours Phone:
760-753-7842
License Number: A103940
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Cultural Competency: No
Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

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

TRUECARE

Provider ID: 480243
1130 2ND ST
ENCINITAS, CA

92024-5008
Phone: 760-753-7842
After Hours Phone:
760-753-7842
License Number: A116562
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Cultural Competency: No
Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

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

TRUECARE

Provider ID: 480243
1130 2ND ST
ENCINITAS, CA
92024-5008
Phone: 760-753-7842
After Hours Phone:
760-753-7842
License Number: C54157
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes

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

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

TRUECARE

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

American Sign Language (ASL):
N

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

B. 具備聯邦資質的健康診所


 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 *Phone: 760-753-7842*

Fax: 760-736-8740

 *After Hours Phone:
760-753-7842*


License Number: 80000638

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: N/A*

ESCONDIDO


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*


NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE
ESCONDIDO, CA
92025-4604

 *Phone: 760-520-8200*

Fax: 360-462-2749

 *After Hours Phone:
760-520-8200*


License Number: 80000483

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*

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


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

B. 具備聯邦資質的健康診所

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

**NEIGHBORHOOD
HEALTHCARE ESCONDIDO**

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100


 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): **NEIGHBORHOOD
HEALTHCARE ESCONDIDO**

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


**NEIGHBORHOOD
HEALTHCARE ESCONDIDO**

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745


 After Hours Phone:
760-520-8100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


**NEIGHBORHOOD
HEALTHCARE ESCONDIDO**

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745

 After Hours Phone:
760-520-8100


License Number: 80000397

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

**NEIGHBORHOOD
HEALTHCARE GRAND AVE**























Provider ID: 206269

 1001 E GRAND AVE
ESCONDIDO, CA
92025-4604

 Phone: 760-520-8200

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

B. 具備聯邦資質的健康診所

<p> <i>After Hours Phone:</i> 760-520-8200 <i>License Number:</i> A101773 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None</p>	<p> <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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> <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>
<p><input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No  <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>	<p>NEIGHBORHOOD HEALTHCARE GRAND AVE <i>Provider ID:</i> 206269  1001 E GRAND AVE ESCONDIDO, CA 92025-4604  <i>Phone:</i> 760-520-8200  <i>After Hours Phone:</i> 760-520-8200</p>
<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>	<p>NEIGHBORHOOD HEALTHCARE GRAND AVE <i>Provider ID:</i> 206269  1001 E GRAND AVE ESCONDIDO, CA 92025-4604  <i>Phone:</i> 760-520-8200  <i>After Hours Phone:</i> 760-520-8200</p>	<p><i>License Number:</i> PA51508 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None <input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No  <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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>NEIGHBORHOOD HEALTHCARE GRAND AVE <i>Provider ID:</i> 206269  1001 E GRAND AVE ESCONDIDO, CA 92025-4604  <i>Phone:</i> 760-520-8200  <i>After Hours Phone:</i> 760-520-8200 <i>License Number:</i> A161074 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None <input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No</p>	<p><i>License Number:</i> A94128 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None <input type="checkbox"/> <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No  <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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>American Sign Language (ASL):</i> N</p>	<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org</p>

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

B. 具備聯邦資質的健康診所

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

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

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

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

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

B. 具備聯邦資質的健康診所






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

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*



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*






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*

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*

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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100


 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

PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100


 After Hours Phone:
760-520-8100

License Number: 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


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


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


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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: A78116


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

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

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: A82173


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 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):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

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

B. 具備聯邦資質的健康診所

☎ *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

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

License Number: A67626

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

🗺 *Site English Spoken:* Yes

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PEDIATRIC AND PRENATAL

Provider ID: 206266

📍 425 N DATE ST
ESCONDIDO, CA
92025-3413

☎ *Phone:* 760-520-8340

Fax: 360-462-2752

☎ *After Hours Phone:*
760-520-8340

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

🗺 *Site English Spoken:* Yes

Cultural Competency: No

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

License Number: A67626

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

N

♿ *Accessibility:* CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org


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

B. 具備聯邦資質的健康診所

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


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


B. 具備聯邦資質的健康診所

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






SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE


Provider ID: 588941
 704 E GRAND AVE
ESCONDIDO, CA
92025-4405
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: PA20490
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

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

SOUTHERN CALIFORNIA
 Website: N/A






SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE



Provider ID: 588941
 704 E GRAND AVE
ESCONDIDO, CA
92025-4405
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: PA52347
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

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




SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE
ESCONDIDO, CA
92025-4405
 Phone: 619-662-4100
Fax: 619-662-7952
 After Hours Phone:
619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

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

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775
 426 N DATE ST
ESCONDIDO, CA
92025-3409
 Phone: 760-690-5900
 After Hours Phone:
760-690-5900
License Number: A56054
NPI: 1598122871

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

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-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

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

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

B. 具備聯邦資質的健康診所

NEIGHBORHOOD

HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST
ESCONDIDO, CA
92025-3409

Phone: 760-690-5900

After Hours Phone:
760-690-5900

License Number: NP4799

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

NEIGHBORHOOD

HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST
ESCONDIDO, CA
92025-3409

Phone: 760-690-5900

Fax: 360-462-2747

After Hours Phone:
760-690-5900

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

NEIGHBORHOOD

HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST
ESCONDIDO, CA
92025-3409

Phone: 760-690-5900

Fax: 360-462-2747

After Hours Phone:
760-690-5900

License Number: 550000511

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

NEIGHBORHOOD

HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

Phone: 760-737-6900

After Hours Phone:
760-737-6900

License Number: A120348

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No






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


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


B. 具備聯邦資質的健康診所

FR 8:00AM-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
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

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

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-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

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

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

B. 具備聯邦資質的健康診所

NEIGHBORHOOD

HEALTHCARE 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

FALLBROOK

FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

1328 S MISSION RD
FALLBROOK, CA
92028-4006

Phone: 760-451-4720

Fax: 760-451-4700

After Hours Phone:
760-451-4720

License Number: 80000150

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

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

B. 具備聯邦資質的健康診所

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


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

VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST
FALLBROOK, CA
92028-2912

 Phone: 760-723-6200

 After Hours Phone:
760-723-6200

License Number: NP95003447


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

IMPERIAL BEACH


IMPERIAL BEACH HEALTH CENTER


Provider ID: 179678

 949 PALM AVE
IMPERIAL BEACH, CA
91932-1503

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

B. 具備聯邦資質的健康診所

 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

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

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

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

B. 具備聯邦資質的健康診所

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):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDTION

 Website: N/A


LA MESA PEDIATRICS

Provider ID: 480827


 8881 FLETCHER PKWY STE

200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:
619-464-6434

License Number: 550000430

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: Yes

 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-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: A113241

NPI: 1134144165

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDTION


 Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434


Fax: 619-464-5109


 After Hours Phone:
619-464-6434

License Number: A89865

NPI: 1134144165

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



 Site English Spoken: Yes
Cultural Competency: No

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






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



B. 具備聯邦資質的健康診所

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

 Accessibility: CONTACT PROVIDER
Medical Group/IPA: 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
 10039 VINE ST
LAKESIDE, CA 92040-3120
 Phone: 858-218-3000
 After Hours Phone: 858-218-3000
License Number: A75411

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

B. 具備聯邦資質的健康診所

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST
LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone:
858-218-3000

License Number: DC33688

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST
LAKESIDE, CA 92040-3120

Phone: 858-218-3000

Fax: 360-462-2744

After Hours Phone:
858-218-3000

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST
LAKESIDE, CA 92040-3120

Phone: 858-218-3000

Fax: 360-462-2744

After Hours Phone:
858-218-3000

License Number: 80000483

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

LEMON GROVE

LEMON GROVE FAMILY



HEALTH CENTER

Provider ID: 419139

7592 BROADWAY
LEMON GROVE, CA

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

B. 具備聯邦資質的健康診所


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

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

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


B. 具備聯邦資質的健康診所


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


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604

 Phone: 619-515-2550

 After Hours Phone:
 619-515-2550

License Number: NP95008782
 NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
 Cultural Competency: No

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

American Sign Language (ASL):
 N


 Accessibility: CONTACT
 PROVIDER


Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604

 Phone: 619-515-2550

 After Hours Phone:
 619-515-2550

License Number: NP95009933

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
 Cultural Competency: No

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

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER


Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN


DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604


 Phone: 619-515-2550

 After Hours Phone:
 619-515-2550

License Number: NP95013978
 NPI: 1134155377

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

Site English Spoken: Yes
 Cultural Competency: No

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

American Sign Language (ASL):
 N


 Accessibility: CONTACT
 PROVIDER


Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604

 Phone: 619-515-2550

 After Hours Phone:
 619-515-2550

License Number: PA12416
 NPI: 1134155377

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

Site English Spoken: Yes

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

B. 具備聯邦資質的健康診所

Cultural Competency: No

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

American Sign Language (ASL): 🗣️ 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: PA56072

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣️ Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL): 🗣️ 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: RN428876

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣️ Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL): 🗣️ 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

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







LEMON GROVE FAMILY HEALTH CENTER




Provider ID: 419139

📍 7592 BROADWAY
LEMON GROVE, CA


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



B. 具備聯邦資質的健康診所







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

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


B. 具備聯邦資質的健康診所


HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550


License Number: 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):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550


 After Hours Phone:
619-515-2550

License Number: A113001

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
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
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: 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

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

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





B. 具備聯邦資質的健康診所


 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):  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: A154838
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes


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

American Sign Language (ASL):  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: A163464
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM


American Sign Language (ASL): N

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

 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone: 619-515-2550
License Number: A164859
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL): N

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


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


B. 具備聯邦資質的健康診所


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: A165925

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A


LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA

91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550


License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550


 After Hours Phone:
619-515-2550


License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

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

B. 具備聯邦資質的健康診所

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: 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

NATIONAL CITY

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

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

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


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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

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 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


SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE
NATIONAL CITY, CA
91950-3412

 Phone: 619-662-4100

Fax: 619-474-3722

 After Hours Phone:
619-662-4100

License Number: G46444


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

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 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 Language(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

SAN YSIDRO HEALTH PARADISE HILLS




Provider ID: 227418

 2400 E 8TH ST STE A







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

B. 具備聯邦資質的健康診所







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

**SAN YSIDRO HEALTH
PARADISE HILLS**
Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A146819
NPI: 1598122871

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




















**SAN YSIDRO HEALTH
PARADISE HILLS**
Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A157488
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM

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

**SAN YSIDRO HEALTH
PARADISE HILLS**
Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A167529
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL):

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

B. 具備聯邦資質的健康診所

- N**
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 *Website: www.ihpsocal.org*
- SAN YSIDRO HEALTH PARADISE HILLS**
Provider ID: 227418
 2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
 *Phone: 619-662-4100*
 *After Hours Phone: 619-662-4100*
License Number: G88347
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: No
 *Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM*
American Sign Language (ASL):
- N**
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 *Website: www.ihpsocal.org*
- 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
- 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*
- 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

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

B. 具備聯邦資質的健康診所

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): SOUTHERN CALIFORNIA

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH

PARADISE HILLS

Provider ID: 227418

2400 E 8TH ST STE A

NATIONAL CITY, CA

91950-2956

Phone: 619-662-4100

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

SOUTHERN CALIFORNIA

Website: 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

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

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

B. 具備聯邦資質的健康診所

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

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH

NATIONAL CITY

Provider ID: 227412

1136 D AVE
NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

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):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH

NATIONAL CITY

Provider ID: 227412

1136 D AVE
NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

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

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


B. 具備聯邦資質的健康診所

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

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE
NATIONAL CITY, CA
91950-3412

 Phone: 619-662-4100
Fax: 619-336-2323

 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

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE
NATIONAL CITY, CA
91950-3412

 Phone: 619-662-4100
Fax: 619-336-2323

 After Hours Phone:
619-662-4100


License Number: A112571

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

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

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


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

B. 具備聯邦資質的健康診所

WE 8:30AM-3:30PM
TH 8:30AM-3:30PM
FR 8:30AM-3:30PM
SA 8:30AM-3:30PM
American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

 Phone: 619-515-2399

 After Hours Phone:
619-515-2399


License Number: A163862

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

MO 8:30AM-3:30PM

TU 8:30AM-3:30PM

WE 8:30AM-3:30PM

TH 8:30AM-3:30PM

FR 8:30AM-3:30PM

SA 8:30AM-3:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

 Phone: 619-515-2399

 After Hours Phone:
619-515-2399


License Number: A176878

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

MO 8:30AM-3:30PM

TU 8:30AM-3:30PM

WE 8:30AM-3:30PM

TH 8:30AM-3:30PM

FR 8:30AM-3:30PM

SA 8:30AM-3:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

FAMILY HEALTH CTR SD NATIONAL CITY


Provider ID: 418930

 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856


 Phone: 619-515-2399


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

B. 具備聯邦資質的健康診所

 After Hours Phone:
619-515-2399
License Number: 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):  Website: www.fhcsd.org
N


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


 Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

 Phone: 619-515-2399
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):  Website: www.fhcsd.org
N


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

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

 Phone: 619-515-2399
Fax: 619-269-0053


 After Hours Phone:
619-515-2399

License Number: 550000465

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:30AM-3:30PM
MO 8:30AM-3:30PM
TU 8:30AM-3:30PM
WE 8:30AM-3:30PM
TH 8:30AM-3:30PM
FR 8:30AM-3:30PM

SA 8:30AM-3:30PM

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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


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


B. 具備聯邦資質的健康診所


 Website: 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

LA MAESTRA FAMILY CLINIC INC


Provider ID: 185270

 217 HIGHLAND AVE

NATIONAL CITY, CA
91950-1518

 Phone: 619-434-7308

Fax: 619-434-7310

 After Hours Phone:
619-434-7308

License Number: NP95013257

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org

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

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


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

B. 具備聯邦資質的健康診所

TH 9:00AM-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






LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270
 217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
 Phone: 619-280-4213
 After Hours Phone:
619-280-4213
License Number: A167184
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

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

MAESTRA FAMILY CLINIC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC





Provider ID: 185270
 217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
 Phone: 619-434-7308
 After Hours Phone:
619-434-7308
License Number: 20A6433
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

American Sign Language (ASL):



N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC


Provider ID: 185270

 217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
 Phone: 619-434-7308
 After Hours Phone:
619-434-7308
License Number: A123929
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-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

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

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

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-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

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

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

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

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

B. 具備聯邦資質的健康診所

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

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

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

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:

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

B. 具備聯邦資質的健康診所

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

OCEANSIDE

VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436
 📍 517 N HORNE ST
 OCEANSIDE, CA
 92054-2518
 📞 Phone: 760-631-5000
 🕒 After Hours Phone:
 760-631-5000
 License Number: 20A17371
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 🗣 Site English Spoken: Yes
 Cultural Competency: No
 🕒 Hours: SU 8:00AM-5:00PM
 MO 8:00AM-5:00PM
 TU 8:00AM-5:00PM
 WE 8:00AM-5:00PM

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

VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436
 📍 517 N HORNE ST
 OCEANSIDE, CA
 92054-2518
 📞 Phone: 760-631-5000
 🕒 After Hours Phone:
 760-631-5000
 License Number: NP95006826
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 🗣 Site English Spoken: Yes
 Cultural Competency: No
 🕒 Hours: SU 8:00AM-5:00PM
 MO 8:00AM-5:00PM
 TU 8:00AM-5:00PM
 WE 8:00AM-5:00PM
 TH 8:00AM-5:00PM
 FR 8:00AM-5:00PM
 SA 8:00AM-5:00PM

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

SOUTHERN CALIFORNIA
 🌐 Website: N/A

VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436
 📍 517 N HORNE ST
 OCEANSIDE, CA
 92054-2518
 📞 Phone: 760-631-5000
 🕒 After Hours Phone:
 760-631-5000
 License Number: NP95007885
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 🗣 Site English Spoken: Yes
 Cultural Competency: No
 🕒 Hours: SU 8:00AM-5:00PM
 MO 8:00AM-5:00PM
 TU 8:00AM-5:00PM
 WE 8:00AM-5:00PM
 TH 8:00AM-5:00PM
 FR 8:00AM-5:00PM
 SA 8:00AM-5:00PM

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

VISTA COMMUNITY CLINIC HORNE STREET




Provider ID: 402436
 📍 517 N HORNE ST
 OCEANSIDE, CA

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

B. 具備聯邦資質的健康診所






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: PA53036
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

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

TRUECARE


Provider ID: 480315
 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354
 Phone: 760-433-3155
Fax: 760-736-8740
 After Hours Phone:
760-433-3155
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: N/A

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

B. 具備聯邦資質的健康診所


TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354

 Phone: 760-433-3155

Fax: 760-736-8740

 After Hours Phone:
760-433-3155

License Number: 80000240

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354

 Phone: 760-891-4667


 After Hours Phone:
760-891-4667


License Number: A131678

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354

 Phone: 760-433-3155


 After Hours Phone:
760-433-3155


License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A


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

B. 具備聯邦資質的健康診所

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

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

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

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

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


B. 具備聯邦資質的健康診所


 Website: 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

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):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org


VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

Fax: 760-414-3731

 After Hours Phone:
760-631-5000


License Number: A130883

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD
OCEANSIDE, CA
92057-6043

 Phone: 760-631-5000


 After Hours Phone:
760-631-5000

License Number: NP95016368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.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

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

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

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

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

B. 具備聯邦資質的健康診所

Cultural Competency: No

 *Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
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: 296476

 *605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415*

 *Phone: 760-736-6767*

 *After Hours Phone: 760-736-6767*


License Number: NP95013879

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken: Spanish*

Cultural Competency: No

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

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

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*

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*

TRUECARE

Provider ID: 296476

 *605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415*

 *Phone: 760-757-4566*

 *After Hours Phone:*

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

B. 具備聯邦資質的健康診所

760-757-4566
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

TRUECARE

Provider ID: 296476
📍 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415
☎ Phone: 760-757-4566
🕒 After Hours Phone: 760-757-4566
License Number: PA53036
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:

Spanish
Cultural Competency: No
🕒 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
🌐 Website: www.ihpsocal.org

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

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

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


B. 具備聯邦資質的健康診所

SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415

 Phone: 760-757-4566

Fax: 760-757-3004

 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


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

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

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

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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: 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


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


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


NEIGHBORHOOD

HEALTHCARE PAUMA VALLEY

Provider ID: 206267


 16650 HIGHWAY 76
PAUMA VALLEY, CA
92061-9524

 Phone: 760-742-9919

 Fax: 858-633-4696


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

B. 具備聯邦資質的健康診所

 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


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 PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

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

B. 具備聯邦資質的健康診所

NEIGHBORHOOD

HEALTHCARE 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

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

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



B. 具備聯邦資質的健康診所

PROVIDER
 Medical Group/IPA: 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
 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

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

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

B. 具備聯邦資質的健康診所

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



NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 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*

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*

NORTH PARK FAMILY HEALTH CENTERS


Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone: 619-515-2424*
 *After Hours Phone: 619-515-2424*

License Number: G78814
NPI: 1134155377

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

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

American Sign Language (ASL):
N

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



 *Website: www.fhcsd.org*

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

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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: NP95006792

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: PA17220

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:
619-515-2424

License Number: PA18746

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

Fax: 619-501-0627

 After Hours Phone:

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



B. 具備聯邦資質的健康診所

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



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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone: 619-515-2424

License Number: NP95013978

NPI: 1134155377

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

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

American Sign Language (ASL):

N

 Accessibility: CONTACT

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

 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS


Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone: 619-515-2424

License Number: 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

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

B. 具備聯邦資質的健康診所

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

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

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

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

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



B. 具備聯邦資質的健康診所

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






NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone: 619-515-2424*
 *After Hours Phone: 619-515-2424*
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU 9:00AM-5:00PM*
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM


American Sign Language (ASL):
N


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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone: 619-515-2424*
 *After Hours Phone: 619-515-2424*
License Number: 20A15068
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU 9:00AM-5:00PM*
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM



American Sign Language (ASL):
N

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



 *Website: www.fhcsd.org*

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*

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

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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: 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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:
619-515-2424

License Number: A116680

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

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

B. 具備聯邦資質的健康診所

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

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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: A147758

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424


License Number: 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

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

B. 具備聯邦資質的健康診所

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

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

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

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

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

B. 具備聯邦資質的健康診所


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

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

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

B. 具備聯邦資質的健康診所

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: 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
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

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

B. 具備聯邦資質的健康診所

<p>PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: N/A</p>	<p>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>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>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</p>	<p>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER Provider ID: 403583  1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638  Phone: 619-233-8500  After Hours Phone: 619-233-8500 License Number: A109828 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: yes</p>	<p>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER Provider ID: 403583  1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638  Phone: 619-233-8500  After Hours Phone: 619-233-8500 License Number: A115598 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: yes Cultural Competency: No  Hours: SU 8:00AM-5:30PM MO 8:00AM-5:30PM TU 8:00AM-5:30PM WE 8:00AM-5:30PM TH 8:00AM-5:30PM FR 8:00AM-5:30PM SA 8:00AM-5:30PM American Sign Language (ASL): N</p>

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

B. 具備聯邦資質的健康診所

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone: 619-233-8500*

License Number: A136275

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: yes*
Cultural Competency: No

 *Hours: SU 8:00AM-5:30PM*
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: N/A*

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*



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

B. 具備聯邦資質的健康診所

<p>MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p>	<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>	<p> 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</p>
<p>American Sign Language (ASL): N</p>	<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: N/A</p>	<p> 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</p>
<p>SAN YSIDRO HEALTH CHC - OCEAN VIEW Provider ID: 227409</p>	<p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432  Phone: 619-662-4100 Fax: 619-858-1003  After Hours Phone: 619-662-4100 License Number: A88893 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p> Site English Spoken: yes Cultural Competency: No American Sign Language (ASL): N</p>
<p>American Sign Language (ASL): N</p>	<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>	<p>SAN YSIDRO HEALTH CHC - OCEAN VIEW Provider ID: 227409</p>
<p>American Sign Language (ASL): N</p>	<p> 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</p>	<p>SAN YSIDRO HEALTH CHC - OCEAN VIEW Provider ID: 227409</p>

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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113-1432

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


License Number: A153414

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: yes*
Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113-1432

 *Phone: 619-662-4100*


 *After Hours Phone: 619-662-4100*


License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: yes*
Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113-1432

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


License Number: A162332

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: yes*
Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113-1432

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: A78373

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

B. 具備聯邦資質的健康診所

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

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: C54198

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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

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

B. 具備聯邦資質的健康診所

☎ *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*

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

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

☎ *Phone: 619-662-4100*

☎ *After Hours Phone:*
619-662-4100

License Number: A79383

NPI: 1598122871

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

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

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

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

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 *Website: www.ihpsocal.org*

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

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

☎ *Phone: 619-662-4100*

☎ *After Hours Phone:*
619-662-4100

License Number: 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*

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*

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

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

☎ *Phone: 619-662-4100*

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

B. 具備聯邦資質的健康診所

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

KING CHAVEZ HEALTH CENTER

Provider ID: 451167
📍 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
☎ *Phone:* 619-662-4100
☎ *After Hours Phone:*
619-662-4100
License Number: NP8563
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU 8:00AM-5:00PM

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

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

KING CHAVEZ HEALTH CENTER

Provider ID: 451167
📍 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
☎ *Phone:* 619-662-4100
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

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

KING CHAVEZ HEALTH CENTER

Provider ID: 451167
📍 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201




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


B. 具備聯邦資質的健康診所

 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




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

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



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

KING CHAVEZ HEALTH CENTER

Provider ID: 451167
 950 S EUCLID AVE

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

B. 具備聯邦資質的健康診所

SAN DIEGO, CA 92114-6201
☎ Phone: 619-662-4100
🕒 After Hours Phone:
619-662-4100
License Number: A134995
NPI: 1598122871

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

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

American Sign Language (ASL):
N

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

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

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

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

NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

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

B. 具備聯邦資質的健康診所

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

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

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

NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD
SAN DIEGO, CA 92154-1351
Phone: 619-429-3733
Fax: 619-628-5550

After Hours Phone:
619-429-3733

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

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

B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.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

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.operationsa
mahan.org](http://www.operationsa
mahan.org)

OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

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

 Phone: 844-200-2426

 After Hours Phone:
844-200-2426


License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes
Cultural Competency: No

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


OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

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

 Phone: 844-200-2426

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





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



B. 具備聯邦資質的健康診所

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

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.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

mahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS


Provider ID: 418535
 9995 CARMEL MOUNTAIN RD STE B10 AND B11
 SAN DIEGO, CA 92129-2889
 Phone: 844-200-2426
 After Hours Phone:
 844-200-2426
 License Number: 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


OPERATION SAMAHAN RANCHO PENASQUITOS


Provider ID: 418535

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

B. 具備聯邦資質的健康診所

 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

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

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


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

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

B. 具備聯邦資質的健康診所

🕒 Hours: SU 8:30AM-5:30PM
MO 8:30AM-5:30PM
TU 8:30AM-5:30PM
WE 8:30AM-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

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

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

☎ Phone: 844-200-2426

Fax: 858-695-9074

🕒 After Hours Phone:
844-200-2426

License Number: 550002478

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: yes

☑ Site Languages(s) Spoken:
Spanish

Cultural Competency: No

🕒 Hours: SU 8:30AM-5:30PM
MO 8:30AM-5:30PM
TU 8:30AM-5:30PM
WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

🌐 Website: www.operationsamahan.org

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

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

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

B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: A163977

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

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

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: NP95010814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N


Accessibility: CONTACT

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

B. 具備聯邦資質的健康診所

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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


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

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

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

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

B. 具備聯邦資質的健康診所

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: 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

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

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545


License Number: 20A14794

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 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

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

B. 具備聯邦資質的健康診所

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

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

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

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD

HILLCREST

Provider ID: 417937

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:

619-515-2545

License Number: 20A17702

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org


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


B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545


License Number: 20A17926

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545

License Number: 20A19399

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:
619-515-2545


License Number: A100333

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

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

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

B. 具備聯邦資質的健康診所

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

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

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

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

B. 具備聯邦資質的健康診所

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: 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

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 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: 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

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143


 Phone: 619-515-2545

 After Hours Phone:
619-515-2545

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



B. 具備聯邦資質的健康診所

License Number: A180044
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

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

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
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org



FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143
 Phone: 619-515-2545
 After Hours Phone: 619-515-2545



License Number: A80461
NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

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


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


B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545

License Number: C52451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545

License Number: DC31024

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:
619-515-2545


License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

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

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

B. 具備聯邦資質的健康診所

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

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

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

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

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

B. 具備聯邦資質的健康診所

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: 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

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 PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:
619-515-2545

License Number: NP95005293

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 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

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



B. 具備聯邦資質的健康診所

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



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

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
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org


FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143
 Phone: 619-515-2545
 After Hours Phone: 619-515-2545



License Number: PT25155
NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

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


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


B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545


License Number: PT28061

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545

License Number: PT292351

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM
TU 8:00AM-9:00PM
WE 8:00AM-9:00PM
TH 8:00AM-9:00PM
FR 8:00AM-9:00PM
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:
619-515-2545


License Number: PT292613

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

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

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

B. 具備聯邦資質的健康診所

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

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


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






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



B. 具備聯邦資質的健康診所

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
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



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):
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: 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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 Phone: 619-515-2300
 After Hours Phone: 619-515-2300

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

B. 具備聯邦資質的健康診所

License Number: 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



LOGAN HEIGHTS FAMILY HEALTH 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



LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: 20A17072

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: 20A17478

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300


License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300


License Number: A121451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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: 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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

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

B. 具備聯邦資質的健康診所

License Number: 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: 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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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


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

B. 具備聯邦資質的健康診所

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




LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 Phone: 619-515-2300
 After Hours Phone:
619-515-2300
License Number: A163183
NPI: 1134155377



Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM


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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: A164889

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

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

B. 具備聯邦資質的健康診所

License Number: 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



LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 Phone: 619-515-2300
 After Hours Phone: 619-515-2300


License Number: A177462
NPI: 1134155377

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

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

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




American Sign Language (ASL):

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

 Website: www.fhcsd.org



LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所


PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300


License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: A93385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

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

B. 具備聯邦資質的健康診所

License Number: 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: G81658

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所


PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: NP17852

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300


License Number: NP2286

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: NP95001705

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP95022452

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PA13752

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所


PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300


License Number: PA21591

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 **Phone:** 619-515-2300

 **After Hours Phone:**
619-515-2300

License Number: PA54661

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

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

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 **Phone:** 619-515-2300

 **After Hours Phone:**
619-515-2300

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

B. 具備聯邦資質的健康診所

License Number: 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

LOGAN HEIGHTS FAMILY HEALTH 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

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

B. 具備聯邦資質的健康診所

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: SP27677

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

Fax: 619-515-2510

After Hours Phone:
619-515-2300

License Number: A178494

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

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

B. 具備聯邦資質的健康診所

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*


 *After Hours Phone: 619-515-2424*


License Number: 20A14919

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

License Number: A103099

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*


License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*


 *After Hours Phone: 619-515-2424*


License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:
619-515-2424

License Number: 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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

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

B. 具備聯邦資質的健康診所

License Number: 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

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

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

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

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

B. 具備聯邦資質的健康診所

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A51318

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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


American Sign Language (ASL):

N






Accessibility: CONTACT


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

B. 具備聯邦資質的健康診所

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






NORTH PARK FAMILY HEALTH CENTERS


Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424
License Number: A68463
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

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

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

NORTH PARK FAMILY HEALTH CENTERS



Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424
License Number: A72005
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM


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

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

NORTH PARK FAMILY HEALTH CENTERS



Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424



License Number: A95577
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

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

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

NORTH PARK FAMILY HEALTH CENTERS



Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424

License Number: 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

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


B. 具備聯邦資質的健康診所


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

SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE
 SAN DIEGO, CA
 92103-6599


 Phone: 619-234-2158
 Fax: 619-234-0206

 After Hours Phone:
 619-234-2158

NPI: 1598122871

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

Site English Spoken: yes
 Site Languages(s) Spoken:
 Korean, Spanish, Hindi
 Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.sdaihc.org

SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE
 SAN DIEGO, CA
 92103-6599

 Phone: 619-234-2158
 Fax: 619-234-0206

 After Hours Phone:
 619-234-2158

License Number: 90000168

NPI: 1598122871

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

Site English Spoken: yes
 Site Languages(s) Spoken:
 Korean, Spanish, Hindi
 Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.sdaihc.org

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

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

B. 具備聯邦資質的健康診所

 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

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

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

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

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


B. 具備聯邦資質的健康診所


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: 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

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:
619-515-2560


License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

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

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



B. 具備聯邦資質的健康診所

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
SAN DIEGO, CA 92102-4715
 *Phone: 619-515-2560*
 *After Hours Phone: 619-515-2560*
License Number: 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*


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*



LINDA VISTA HEALTH CARE CTR

Provider ID: 206046
 6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

 *Phone: 858-279-0925*
 *After Hours Phone: 858-279-0925*


License Number: C174985
NPI: 1598122871

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


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

Cultural Competency: No
 *Hours: SU 8:30AM-5:30PM*
MO 8:30AM-5:30PM
TU 8:30AM-5:30PM
WE 8:30AM-5:30PM
TH 8:30AM-5:30PM
FR 8:30AM-5:30PM
SA 8:30AM-5:30PM

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

 *Website: www.sdfamilycare.org*

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

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

B. 具備聯邦資質的健康診所

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

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

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

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

Fax: 858-279-0377

After Hours Phone:
858-279-0925

License Number: A93812

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N





Accessibility: CONTACT

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


B. 具備聯邦資質的健康診所

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

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111-6342
 Phone: 858-279-0925
 Fax: 858-279-0377
 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

.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

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111-6342
 Phone: 858-810-8700
 After Hours Phone:
 858-810-8700

License Number: 20A12402
 NPI: 1598122871

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


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

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

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: IHP OF
 SOUTHERN CALIFORNIA

 Website: www.sdfamilycare.org

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

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

B. 具備聯邦資質的健康診所

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560


License Number: 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

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

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

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

B. 具備聯邦資質的健康診所

 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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone:
619-515-2560

License Number: A137260

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone:
619-515-2560


License Number: 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

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

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


B. 具備聯邦資質的健康診所


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: 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

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

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

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

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

B. 具備聯邦資質的健康診所


SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233597

 4290 POLK AVE
SAN DIEGO, CA 92105-1524

 Phone: 619-563-0250

 After Hours Phone:
619-563-0250

License Number: A175116


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-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

MID-CITY COMMUNITY CLINIC

Provider ID: 233597

 4290 POLK AVE
SAN DIEGO, CA 92105-1524

 Phone: 619-563-0250

 After Hours Phone:

619-563-0250

License Number: DPM4434


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-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

MID-CITY COMMUNITY CLINIC

Provider ID: 233597

 4290 POLK AVE
SAN DIEGO, CA 92105-1524

 Phone: 619-563-0250

 After Hours Phone:
619-563-0250

License Number: G60630


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-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


MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:
619-280-2058

License Number: A112176


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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

B. 具備聯邦資質的健康診所

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org


MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058


 After Hours Phone:
619-280-2058

License Number: A152267

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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


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


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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:
619-515-2560


License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

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


B. 具備聯邦資質的健康診所

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560


License Number: A161373

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:

619-515-2560


License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560


License Number: A164879

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No



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

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




B. 具備聯邦資質的健康診所

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

N



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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone: 619-515-2560
License Number: A178499
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None



 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM
American Sign Language (ASL):

N

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



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

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone: 619-515-2560

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

B. 具備聯邦資質的健康診所

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

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

American Sign Language (ASL):




N
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.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

MID-CITY COMMUNITY CLINIC



Provider ID: 233532

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

License Number: A94449

NPI: 1598122871

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

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

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

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD


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

B. 具備聯邦資質的健康診所

SAN DIEGO, CA 92111-6307
 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

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

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

SAN DIEGO FAMILY CARE

Provider ID: 482070


 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111-6307
 Phone: 858-810-8700
 After Hours Phone:
 858-810-8700
 License Number: A137415

NPI: 1598122871

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

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

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-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

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):

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

B. 具備聯邦資質的健康診所

- N**
 **Accessibility: CONTACT PROVIDER**
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 **Website: www.sdfamilycare.org**
- SAN DIEGO FAMILY CARE**
Provider ID: 482070
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111-6307
 **Phone: 858-810-8700**
 **After Hours Phone: 858-810-8700**
License Number: 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**
- SAN DIEGO FAMILY CARE**
Provider ID: 482070
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111-6307
 **Phone: 858-810-8700**
 **After Hours Phone: 858-810-8700**
License Number: A92173
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: yes
 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: No
 **Hours: SU 8:30AM-5:30PM**
MO 8:30AM-5:30PM
TU 8:30AM-5:30PM
WE 8:30AM-5:30PM
TH 8:30AM-5:30PM
FR 8:30AM-5:30PM
SA 8:30AM-5:30PM
American Sign Language (ASL):
N
 **Accessibility: CONTACT PROVIDER**
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 **Website: www.sdfamilycare.org**
- 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
- DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**
Provider ID: 206363
 **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**

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


B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:
619-515-2560

License Number: 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

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

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

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

B. 具備聯邦資質的健康診所

License Number: 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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone: 619-515-2560

License Number: NP19911

NPI: 1134155377

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

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

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

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

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

SAN DIEGO FAMILY CARE

Provider ID: 482070

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

B. 具備聯邦資質的健康診所

 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

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

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

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111-6307
 Phone: 858-810-8700
 After Hours Phone:
 858-810-8700

License Number: G70886
 NPI: 1598122871

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


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

Cultural Competency: No

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


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

B. 具備聯邦資質的健康診所

American Sign Language (ASL):  Website: www.sdfamilycare.org


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700

License Number: NP16433

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):  Website: www.sdfamilycare.org


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org


DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST

SAN DIEGO, CA 92102-4715

 Phone: 619-263-2499

 After Hours Phone:
619-263-2499

License Number: 20A7241


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:
619-515-2420

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


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

B. 具備聯邦資質的健康診所

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420


 After Hours Phone:
619-515-2420

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

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

FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429

 Phone: 619-515-2454

 After Hours Phone:
619-515-2454

License Number: C174538

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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:



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

B. 具備聯邦資質的健康診所






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




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

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

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

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

B. 具備聯邦資質的健康診所

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

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

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

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

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

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

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: 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

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

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

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: 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

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

B. 具備聯邦資質的健康診所

SA 8:00AM-5:00PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529
 2325 COMMERCIAL ST STE 1400
 SAN DIEGO, CA 92113-1195
 Phone: 619-515-2422
 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
 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone: 619-515-2560
 License Number: NP95005321
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715

Phone: 619-515-2560
 After Hours Phone: 619-515-2560
 License Number: NP95007000
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone: 619-515-2560
 License Number: NP95009292
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes

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

B. 具備聯邦資質的健康診所

Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 *4725 MARKET ST
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:
619-515-2560*

License Number: 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

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 *4725 MARKET ST
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:
619-515-2560*

License Number: PA20378

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 *4725 MARKET ST
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:
619-515-2560*


License Number: 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*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 *4725 MARKET ST
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:
619-515-2560*

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

B. 具備聯邦資質的健康診所

License Number: 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

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org


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

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

B. 具備聯邦資質的健康診所

DIAMOND NEIGHBORHOODS

FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

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

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

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

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

Phone: 619-515-2430

After Hours Phone:
619-515-2430

License Number: PA58826

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

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

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

B. 具備聯邦資質的健康診所

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*


DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

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

 *Phone: 619-515-2430*

Fax: 619-578-2410

 *After Hours Phone: 619-515-2430*

License Number: 550002251

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 *Phone: 619-515-2426*

 *After Hours Phone: 619-515-2426*

License Number: 20A17577

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No


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

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 *Phone: 619-515-2426*

 *After Hours Phone: 619-515-2426*

License Number: 20A19345

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 *Phone: 619-515-2426*


 *After Hours Phone: 619-515-2426*


License Number: A145023

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

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

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


B. 具備聯邦資質的健康診所

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 Phone: 619-515-2426

 After Hours Phone:
619-515-2426

License Number: A173486

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 Phone: 619-515-2426

 After Hours Phone:
619-515-2426

License Number: G149974

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org


FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA

92105-2026

 Phone: 619-515-2426

 After Hours Phone:
619-515-2426

License Number: NP17838

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 Phone: 619-515-2426

 After Hours Phone:
619-515-2426

License Number: NP95004443

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


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

B. 具備聯邦資質的健康診所

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026


 Phone: 619-515-2426

 After Hours Phone:
619-515-2426

License Number: PA21385

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

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

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

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



B. 具備聯邦資質的健康診所

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

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

FAMILY HEALTH CTR OF SDELM ST

Provider ID: 419167



 140 ELM ST
SAN DIEGO, CA 92101-2602
 Phone: 619-515-2520
Fax: 619-231-0431
 After Hours Phone: 619-515-2520

License Number: 550002061
NPI: 1134155377

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




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

American Sign Language (ASL):
N

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



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

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

B. 具備聯邦資質的健康診所

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

Fax: 619-269-0053

After Hours Phone:
619-515-2422

License Number: 550003113

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR 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

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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: 20A13060

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No



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

American Sign Language (ASL):






N

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



B. 具備聯邦資質的健康診所

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




FAMILY HLTH CTR SAN DIEGO-BEACH AREA



Provider ID: 402851
 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
 *Phone: 619-515-2444*
 *After Hours Phone: 619-515-2444*
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU 8:30AM-5:30PM*
MO 8:30AM-5:30PM
TU 8:30AM-5:30PM
WE 8:30AM-5:30PM
TH 8:30AM-5:30PM
FR 8:30AM-5:30PM
SA 8:30AM-5:30PM

American Sign Language (ASL):
N


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

FAMILY HLTH CTR SAN DIEGO-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*

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*

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851
 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
 *Phone: 619-515-2444*
 *After Hours Phone: 619-515-2444*
License Number: A114181
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU 8:30AM-5:30PM*
MO 8:30AM-5:30PM

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

B. 具備聯邦資質的健康診所

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

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: 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

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

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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

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

B. 具備聯邦資質的健康診所

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444


License Number: 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

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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org


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


B. 具備聯邦資質的健康診所

FAMILY HLTH CTR SAN DIEGO-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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444


License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:
619-515-2444


License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:
619-515-2444


License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

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

B. 具備聯邦資質的健康診所


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

 Website: www.fhcsd.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105-1608

 Phone: 619-255-9154

 After Hours Phone:
 619-255-9154

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

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: 619-255-9154

 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

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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:
 619-255-9155

License Number: A75533


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

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

B. 具備聯邦資質的健康診所

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

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

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

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


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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM


TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: 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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: G78814


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

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

B. 具備聯邦資質的健康診所

☎ *After Hours Phone:*
619-515-2444

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

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

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

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

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

B. 具備聯邦資質的健康診所

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

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

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

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

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

B. 具備聯邦資質的健康診所

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone:
619-255-9155

License Number: PA13694
NPI: 1609849074

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

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

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
Phone: 619-255-9155
After Hours Phone:
619-255-9155

License Number: PA21625
NPI: 1609849074

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

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

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

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

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

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

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

B. 具備聯邦資質的健康診所

WE 8:00AM-5:00PM
TH 8:00AM-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: 619-280-7072

 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: 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

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


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

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

B. 具備聯邦資質的健康診所

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

OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

License Number: C54941

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

- Hours: SU 8:00AM-4:30PM

MO 8:00AM-4:30PM

TU 8:00AM-4:30PM

WE 8:00AM-4:30PM

TH 8:00AM-4:30PM

FR 8:00AM-4:30PM

SA 8:00AM-4:30PM

American Sign Language (ASL):
N

- Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

- Website: www.operationsamahan.org

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.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

License Number: NP95003211

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

- Hours: SU 8:00AM-4:30PM
MO 8:00AM-4:30PM
TU 8:00AM-4:30PM
WE 8:00AM-4:30PM
TH 8:00AM-4:30PM
FR 8:00AM-4:30PM
SA 8:00AM-4:30PM

American Sign Language (ASL):
N


- Accessibility: CONTACT PROVIDER

Medical Group/IPA:

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


B. 具備聯邦資質的健康診所


OPERATION SAMAHAN

 Website: www.operationsamahan.org


OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

 Phone: 844-200-2426

Fax: 858-578-4417

 After Hours Phone:
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-4:30PM
MO 8:00AM-4:30PM
TU 8:00AM-4:30PM
WE 8:00AM-4:30PM
TH 8:00AM-4:30PM
FR 8:00AM-4:30PM
SA 8:00AM-4:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

 Website: www.operationsamahan.org


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


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

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


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

B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:
619-515-2435

License Number: A97036


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:
619-515-2435

License Number: NP95011254


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:
619-515-2435

License Number: PA16245


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

☎ *After Hours Phone:*
619-515-2435
License Number: PA53788
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

☑ *Site English Spoken:* yes
Cultural Competency: No
🕒 *Hours:* SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website:* N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145
📍 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
☎ *Phone:* 619-515-2435
Fax: 619-515-2435
☎ *After Hours Phone:*
619-515-2435
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ *Site English Spoken:* yes
Cultural Competency: No

🕒 *Hours:* SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website:* N/A

SAN MARCOS

TRUECARE

Provider ID: 625875
📍 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
☎ *Phone:* 760-736-6767
☎ *After Hours Phone:*
760-736-6767

License Number: 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


 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: 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

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

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

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






























請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

<p>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: www.ihpsocal.org</p>	<p> Website: www.ihpsocal.org</p> <p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA19825</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</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: www.ihpsocal.org</p>	<p> After Hours Phone: 760-736-6767</p> <p>License Number: PA21723</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</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: www.ihpsocal.org</p>
<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA17101</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</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: www.ihpsocal.org</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA22667</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA22667</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p>
<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

 <i>Site Languages(s) Spoken:</i> Spanish	SA 9:00AM-5:00PM American Sign Language (ASL):	 <i>Website:</i> www.ihpsocal.org
<i>Cultural Competency:</i> No	N	TRUECARE
 <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 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>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA  <i>Website:</i> www.ihpsocal.org	<i>Provider ID:</i> 625875  1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973  <i>Phone:</i> 760-736-6767 <i>Fax:</i> 760-736-8740
<i>American Sign Language (ASL):</i> N	TRUECARE <i>Provider ID:</i> 625875	 <i>After Hours Phone:</i> 760-736-6767 <i>NPI:</i> 1598122871
 <i>Accessibility:</i> CONTACT PROVIDER	 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973	<i>Accepting New Patients:</i> Yes
<i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA	 <i>Phone:</i> 760-736-6767	<i>Min/Max Age:</i> 0\None
 <i>Website:</i> www.ihpsocal.org	 <i>After Hours Phone:</i> 760-736-6767	 <i>Site English Spoken:</i> Yes
TRUECARE	<i>License Number:</i> PA51867 <i>NPI:</i> 1598122871	 <i>Site Languages(s) Spoken:</i> Spanish
<i>Provider ID:</i> 614511	<i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None	<i>Cultural Competency:</i> No
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078-2450	 <i>Site English Spoken:</i> Yes	 <i>Hours:</i> SU 8:00AM-5:00PM
 <i>Phone:</i> 760-736-6767 <i>Fax:</i> 760-736-6744	 <i>Site Languages(s) Spoken:</i> Spanish	MO 8:00AM-5:00PM
 <i>After Hours Phone:</i> 760-736-6767	<i>Cultural Competency:</i> No	TU 8:00AM-5:00PM
<i>License Number:</i> C54157 <i>NPI:</i> 1598122871	 <i>Hours:</i> SU 8:00AM-5:00PM	WE 8:00AM-5:00PM
<i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None	MO 8:00AM-5:00PM TU 8:00AM-5:00PM	TH 8:00AM-5:00PM
 <i>Site English Spoken:</i> Yes <i>Cultural Competency:</i> No	WE 8:00AM-5:00PM TH 8:00AM-5:00PM	FR 8:00AM-5:00PM
 <i>Hours:</i> SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM	FR 8:00AM-5:00PM SA 8:00AM-5:00PM	SA 8:00AM-5:00PM
MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM	<i>American Sign Language (ASL):</i> N	<i>American Sign Language (ASL):</i>
TH 9:00AM-5:00PM FR 9:00AM-5:00PM	 <i>Accessibility:</i> CONTACT PROVIDER	N
FR 9:00AM-5:00PM	<i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA	 <i>Accessibility:</i> CONTACT PROVIDER
	SOUTHERN CALIFORNIA	<i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA
	SOUTHERN CALIFORNIA	 <i>Website:</i> www.ihpsocal.org
		TRUECARE
		<i>Provider ID:</i> 625875
		 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973
		 <i>Phone:</i> 760-736-6767

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Fax: 760-736-8740

☎ 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

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

TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100
SAN MARCOS, CA
92078-2450

☎ Phone: 760-520-8200

Fax: 360-462-2749

☎ After Hours Phone:
760-520-8200

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

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

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所


PROVIDER
 Medical Group/IPA: 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: 20A15159
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish

Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
 MO 8:00AM-5:00PM
 TU 8:00AM-5:00PM
 WE 8:00AM-5:00PM
 TH 8:00AM-5:00PM
 FR 8:00AM-5:00PM
 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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

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
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
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: 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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

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: C54157

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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

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


TRUECARE


Provider ID: 625875

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: 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

TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: NM235997

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所


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

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
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: 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

SAN YSIDRO HLTH SAN DIEGO

PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: PT302385


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.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

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
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
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: C42207

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: DPM2930

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

<p>PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>	<p>SAN YSIDRO, CA 92173-1322  Phone: 619-662-4100  After Hours Phone: 619-662-4100 License Number: NP12112</p>	<p><i>Cultural Competency: No</i>  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>
<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS Provider ID: 227469  3364 BEYER BLVD SAN YSIDRO, CA 92173-1322  Phone: 619-662-4100  After Hours Phone: 619-662-4100 License Number: G66745 NPI: 1598122871</p>	<p>Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes <i>Cultural Competency: No</i>  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>
<p>Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes <i>Cultural Competency: No</i>  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>	<p>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</p>
<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>	<p>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</p>	<p>NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes <i>Cultural Competency: No</i>  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>
<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS Provider ID: 227469  3364 BEYER BLVD</p>	<p>Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes</p>	<p>American Sign Language (ASL): N</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.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*

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*

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 HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


License Number: A113624

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None






















 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM*

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。




B. 具備聯邦資質的健康診所


<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>	<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</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: A145480</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):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</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):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>
<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</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: A120584</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):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>	<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</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: A153975</p>	<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</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: A164201</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</p>


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所


TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
Provider ID: 227469
 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
 Phone: 619-662-4100
 After Hours Phone: 619-662-4100
License Number: A167529
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None



Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:00PM
MO 8:00AM-5:00PM
TU 8:00AM-5:00PM
WE 8:00AM-5:00PM
TH 8:00AM-5:00PM
FR 8:00AM-5:00PM
SA 8:00AM-5:00PM



American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA



 Website: www.ihpsocal.org
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS
Provider ID: 227469
 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
 Phone: 619-662-4100
 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


SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292
 4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
 Phone: 619-662-4100

Fax: 619-205-6341
 After Hours Phone: 619-662-4100
License Number: DPM2930
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
 Phone: 619-662-4100
Fax: 619-205-6341

 After Hours Phone: 619-662-4100
License Number: 20A7241
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Site 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: 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

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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所







 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 *Website: www.ihpsocal.org*


SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 *Phone: 619-662-4100*
 *After Hours Phone: 619-662-4100*
License Number: A72235
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
 *Site Languages(s) Spoken: Spanish, Tagalog, Portuguese*
Cultural Competency: No
 *Hours: SU 8:00AM-5:30PM*
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM
American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 *Website: www.ihpsocal.org*






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*




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*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A93785

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A99433

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: C51110

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: G80107

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: G81461

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: NP95003355

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

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


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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A180886

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A40480

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.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

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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA

92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A56153

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A63844

NPI: 1598122871

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A66885

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-205-6341

After Hours Phone:
619-205-6341

License Number: A64487

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.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

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


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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A12653

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A17643

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A158364

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A169694

NPI: 1598122871

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A177337

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: 20A7502

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A101827

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A104660

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A113482

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A127188

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A130348

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A131952

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM
MO 8:00AM-5:30PM
TU 8:00AM-5:30PM
WE 8:00AM-5:30PM
TH 8:00AM-5:30PM
FR 8:00AM-5:30PM
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 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

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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

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

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA

92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: G52183

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
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: A49307

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM
American Sign Language (ASL):
N






 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org


SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411
 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
Fax: 619-205-1948
 After Hours Phone: 619-662-4100
License Number: 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


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

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411
 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
Fax: 619-205-1948
 After Hours Phone: 619-662-4100
License Number: G20087
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM







American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org



SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411
 4050 BEYER BLVD






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

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
 After Hours Phone:
619-662-4100
License Number: A138938

NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
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: 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

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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所






 **Accessibility: CONTACT PROVIDER**
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.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


SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR





Provider ID: 227411
 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone: 619-662-4100
License Number: A178949
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM

American Sign Language (ASL):
N



 **Accessibility: CONTACT PROVIDER**
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR




Provider ID: 227411
 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100
 After Hours Phone: 619-662-4100
License Number: A47906
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM
WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM

American Sign Language (ASL):
N

 **Accessibility: CONTACT PROVIDER**
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR


Provider ID: 227411
 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone: 619-662-4100
License Number: A74960
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM


TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100


 After Hours Phone:
619-662-4100


License Number: A94813

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
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

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100


 After Hours Phone:
619-662-4100


License Number: 20A12555

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM


TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org







SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: 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

**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

**SAN YSIDRO HEALTH
MATERNAL AND CHILD
HEALTH CTR**
Provider ID: 227411
 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: 20A8516
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU 8:30AM-5:00PM
MO 8:30AM-5:00PM
TU 8:30AM-5:00PM

WE 8:30AM-5:00PM
TH 8:30AM-5:00PM
FR 8:30AM-5:00PM
SA 8:30AM-5:00PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org






**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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

PROVIDER
 Medical Group/IPA: 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: 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

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


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: 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

































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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

<p>  <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> <i>SA 9:00AM-5:00PM</i> <i>American Sign Language (ASL):</i>  <i>N</i>  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i> </p>	<p> <i>DIEGO</i> <i>Website: www.fhcsd.org</i> </p>
<p> <i>American Sign Language (ASL):</i>  <i>N</i>  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i>  <i>Website: www.fhcsd.org</i> </p>	<p> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  <i>Phone: 619-515-2555</i>  <i>After Hours Phone: 619-515-2555</i> <i>License Number: A113001</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i> </p>	<p> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  <i>Phone: 619-515-2555</i>  <i>After Hours Phone: 619-515-2555</i> <i>License Number: A114181</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i> </p>
<p> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  <i>Phone: 619-515-2555</i>  <i>After Hours Phone: 619-515-2555</i> <i>License Number: A108228</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i> </p>	<p>  <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i>  <i>Hours: SU 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>  <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>  <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> </p>	<p> <i>American Sign Language (ASL):</i>  <i>N</i>  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN</i> </p>	<p>  <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> <i>American Sign Language (ASL):</i>  <i>N</i>  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i>  <i>Website: www.fhcsd.org</i> </p>
	<p>  <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> </p>	<p> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD </p>






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所







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
 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: 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







**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org



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

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC



Provider ID: 206361
 8788 JAMACHA RD
 SPRING VALLE, CA
 91977-4035
 Phone: 619-515-2555
 After Hours Phone:
 619-515-2555
 License Number: A164859
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
 8788 JAMACHA RD
 SPRING VALLE, CA
 91977-4035
 Phone: 619-515-2555

 After Hours Phone:
 619-515-2555
 License Number: A169342
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU 9:00AM-5:00PM
 MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-5:00PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供
 者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

Cultural Competency: No

🕒 *Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM*

American Sign Language (ASL): 🗣️ *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: 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): 🗣️ *Website: www.fhcsd.org*

N

♿️ *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

📍 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

☎️ *Phone: 619-515-2555*

📞 *After Hours Phone: 619-515-2555*

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣️ *Site English Spoken: Yes*

Cultural Competency: No

🕒 *Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM*

American Sign Language (ASL): 🗣️ *Website: www.fhcsd.org*

N

♿️ *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

📍 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

☎️ *Phone: 619-515-2555*

📞 *After Hours Phone: 619-515-2555*

License Number: A76059

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣️ *Site English Spoken: Yes*

Cultural Competency: No

🕒 *Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM*

American Sign Language (ASL):

N

♿️ *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org







GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC



Provider ID: 206361

📍 8788 JAMACHA RD
SPRING VALLE, CA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所







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

**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

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

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

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

Phone: 619-515-2555
After Hours Phone:
619-515-2555

License Number: 20A11535
NPI: 1134155377

Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

SPRING VALLEY

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035

Phone: 619-515-2555
After Hours Phone:
619-515-2555

License Number: A118095
NPI: 1134155377

Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU 9:00AM-5:00PM
MO 9:00AM-5:00PM
TU 9:00AM-5:00PM
WE 9:00AM-5:00PM
TH 9:00AM-5:00PM
FR 9:00AM-5:00PM
SA 9:00AM-5:00PM

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

MO 9:00AM-5:00PM
 TU 9:00AM-5:00PM
 WE 9:00AM-5:00PM
 TH 9:00AM-5:00PM
 FR 9:00AM-5:00PM
 SA 9:00AM-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 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


VISTA

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD
 VISTA, CA 92083-4004

 Phone: 760-631-5000

 After Hours Phone:
 760-631-5000


License Number: PA20775

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM
 MO 8:00AM-5:00PM
 TU 8:00AM-5:00PM
 WE 8:00AM-5:00PM
 TH 8:00AM-5:00PM
 FR 8:00AM-5:00PM
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD
 VISTA, CA 92083-4004

 Phone: 760-631-5000

 After Hours Phone:
 760-631-5000


License Number: RN410247

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM
 MO 8:00AM-5:00PM
 TU 8:00AM-5:00PM
 WE 8:00AM-5:00PM
 TH 8:00AM-5:00PM
 FR 8:00AM-5:00PM
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A


VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD
 VISTA, CA 92083-4004

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:
 760-631-5000

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

135 GRAPEVINE RD
VISTA, CA 92083-4004

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: A60517

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A
VISTA, CA 92083-6206

Phone: 844-308-5003

Fax: 760-414-3892

After Hours Phone:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

844-308-5003

License Number: 1851300123


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A


VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A
VISTA, CA 92083-6206

 Phone: 844-308-5003

Fax: 760-414-3892

 After Hours Phone:
844-308-5003

License Number: 80000328


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD
VISTA, CA 92083-4004

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: DC32054


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD
VISTA, CA 92083-4004

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: NP7791


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-414-3892

 After Hours Phone:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

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

VISTA COMMUNITY CLINIC

Provider ID: 206338

📍 1000 VALE TERRACE DR
VISTA, CA 92084-5218

☎ Phone: 760-414-3892

📞 After Hours Phone:
760-414-3892

License Number: NP23217

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
 Site Languages(s) Spoken:

Spanish
Cultural Competency: No
🕒 Hours: SU 8:00AM-8:00PM
MO 8:00AM-8:00PM
TU 8:00AM-8:00PM
WE 8:00AM-8:00PM
TH 8:00AM-8:00PM
FR 8:00AM-8:00PM
SA 8:00AM-8:00PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: www.vistacommunityclinic.org

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

VISTA COMMUNITY CLINIC

Provider ID: 206338

📍 1000 VALE TERRACE DR
VISTA, CA 92084-5218

☎ Phone: 760-631-5000

📞 After Hours Phone:
760-631-5000

License Number: A80635

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-8:00PM
MO 8:00AM-8:00PM
TU 8:00AM-8:00PM
WE 8:00AM-8:00PM
TH 8:00AM-8:00PM
FR 8:00AM-8:00PM
SA 8:00AM-8:00PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: 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

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

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

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: C52564

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM
MO 8:00AM-8:00PM
TU 8:00AM-8:00PM
WE 8:00AM-8:00PM
TH 8:00AM-8:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所

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

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

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

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

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: G79676

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


B. 具備聯邦資質的健康診所

<input type="checkbox"/> <i>Site Languages(s) Spoken:</i> Spanish	TH 8:00AM-8:00PM FR 8:00AM-8:00PM SA 8:00AM-8:00PM	SOUTHERN CALIFORNIA <input type="checkbox"/> <i>Website:</i> www.vistacommunityclinic.org
<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i> N	VISTA COMMUNITY CLINIC
<input type="clock"/> <i>Hours:</i> 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	<input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA	<i>Provider ID:</i> 206338 <input type="checkbox"/> 1000 VALE TERRACE DR VISTA, CA 92084-5218
<i>American Sign Language (ASL):</i> N	<input type="checkbox"/> <i>Website:</i> www.vistacommunityclinic.org	<input type="phone"/> <i>Phone:</i> 760-631-5000 <input type="phone"/> <i>After Hours Phone:</i> 760-631-5000
<input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER	VISTA COMMUNITY CLINIC	<i>License Number:</i> 20A18374
<i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA	<i>Provider ID:</i> 206338 <input type="checkbox"/> 1000 VALE TERRACE DR VISTA, CA 92084-5218	<i>NPI:</i> 1598122871
<input type="checkbox"/> <i>Website:</i> www.vistacommunityclinic.org	<input type="phone"/> <i>Phone:</i> 760-631-5000 <input type="phone"/> <i>After Hours Phone:</i> 760-631-5000	<i>Accepting New Patients:</i> Yes
VISTA COMMUNITY CLINIC	<i>License Number:</i> 20A13745	<i>Min/Max Age:</i> 0\None
<i>Provider ID:</i> 206338	<i>NPI:</i> 1598122871	<input type="checkbox"/> <i>Site English Spoken:</i> Yes
<input type="checkbox"/> 1000 VALE TERRACE DR VISTA, CA 92084-5218	<i>Accepting New Patients:</i> Yes	<input type="checkbox"/> <i>Site Languages(s) Spoken:</i> Spanish
<input type="phone"/> <i>Phone:</i> 760-414-3892	<i>Min/Max Age:</i> 0\None	<i>Cultural Competency:</i> No
<i>Fax:</i> 760-414-3892	<input type="checkbox"/> <i>Site English Spoken:</i> Yes	<input type="clock"/> <i>Hours:</i> SU 8:00AM-8:00PM
<input type="phone"/> <i>After Hours Phone:</i> 760-414-3892	<input type="checkbox"/> <i>Site Languages(s) Spoken:</i> Spanish	MO 8:00AM-8:00PM
<i>License Number:</i> 20A9149	<i>Cultural Competency:</i> No	TU 8:00AM-8:00PM
<i>NPI:</i> 1598122871	<input type="clock"/> <i>Hours:</i> SU 8:00AM-8:00PM	WE 8:00AM-8:00PM
<i>Accepting New Patients:</i> Yes	MO 8:00AM-8:00PM	TH 8:00AM-8:00PM
<i>Min/Max Age:</i> 0\None	TU 8:00AM-8:00PM	FR 8:00AM-8:00PM
<input type="checkbox"/> <i>Site English Spoken:</i> Yes	WE 8:00AM-8:00PM	SA 8:00AM-8:00PM
<input type="checkbox"/> <i>Site Languages(s) Spoken:</i> Spanish	TH 8:00AM-8:00PM	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	FR 8:00AM-8:00PM	N
<input type="clock"/> <i>Hours:</i> SU 8:00AM-8:00PM	SA 8:00AM-8:00PM	<input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER
MO 8:00AM-8:00PM	<i>American Sign Language (ASL):</i>	<i>Medical Group/IPA:</i> IHP OF
TU 8:00AM-8:00PM	<input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER	SOUTHERN CALIFORNIA
WE 8:00AM-8:00PM	<i>Medical Group/IPA:</i> IHP OF	<input type="checkbox"/> <i>Website:</i> www.vistacommunityclinic.org
VISTA COMMUNITY CLINIC	VISTA COMMUNITY CLINIC	VISTA COMMUNITY CLINIC
<i>Provider ID:</i> 206338	<i>Provider ID:</i> 206338	<i>Provider ID:</i> 206338
<input type="checkbox"/> 1000 VALE TERRACE DR VISTA, CA 92084-5218	<input type="checkbox"/> 1000 VALE TERRACE DR VISTA, CA 92084-5218	<input type="checkbox"/> 1000 VALE TERRACE DR VISTA, CA 92084-5218

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

 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

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

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: A125026

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM
MO 8:00AM-8:00PM
TU 8:00AM-8:00PM
WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所


SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000


License Number: 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

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所


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

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000


 After Hours Phone: 760-631-5000


License Number: NP95003571

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

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

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000


License Number: NP95009284

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

B. 具備聯邦資質的健康診所

- 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

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

ALPINE			
<u>CERTIFIED NURSE PRACTITIONER</u>			
KAHL, NICHOLAS			
Provider ID: 517802			
Provider Gender: Male			
License Number: NP95006360			
NPI: 1821306598			
<input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP		Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP	Min/Max Age: 0\None American Sign Language (ASL): N
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.mtnhealth.org		 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.mtnhealth.org	 Accessibility: CONTACT PROVIDER
<u>CERTIFIED NURSE PRACTITIONER</u>			
SANDERS, JESSICA			
Provider ID: 517802			
Provider Gender: Female			
License Number: NP23004			
NPI: 1760765333			
<input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish		Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.mtnhealth.org		 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.mtnhealth.org	 Accessibility: CONTACT PROVIDER
<u>CERTIFIED NURSE PRACTITIONER</u>			
TODD, MIKAYLA			
Provider ID: 517802			
Provider Gender: Female			
License Number: NP95005999			
NPI: 1316478092			
<input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish		Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP	Min/Max Age: 0\None American Sign Language (ASL): N
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.mtnhealth.org		 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.mtnhealth.org	 Accessibility: CONTACT PROVIDER
<u>CHIROPRACTOR</u>			
ABDULRAHIM, AHMED			
Provider ID: 517802			
Provider Gender: Male			
License Number: DC28335			
NPI: 1619040292			
<input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu		Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP	Min/Max Age: 0\None American Sign Language (ASL): N
 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		 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.mtnhealth.org	 Accessibility: CONTACT PROVIDER
<u>CHIROPRACTOR</u>			
KELCHNER, MATTHEW			
Provider ID: 517802			

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Male
License Number: DC22733
NPI: 1174656755
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110
 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

BAUTISTA, LUIS
Provider ID: 517802
Provider Gender: Male
License Number: A97270
NPI: 1295712206
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, ST AGNES MEDICAL CENTER
Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110
 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

DUBE, BIANCA
Provider ID: 517802
Provider Gender: Female
License Number: C172036
NPI: 1740535152
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110
 ALPINE, CA 91901
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619) 662-4100
 Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

KAUFHOLD, ANNE
Provider ID: 517802
Provider Gender: Female
License Number: A88893
NPI: 1164508073
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110
 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

VANHOLLEBEKE, RACHEL
Provider ID: 517802

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female

License Number: A177337

NPI: 1497217756

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

WYLIE, BLAKE

Provider ID: 517802

Provider Gender: Male

License Number: 20A11088

NPI: 1922314145

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FQHC

SAN YSIDRO HEALTH ALPINE

FAMILY MEDICINE,

Provider ID: 517802

NPI: 1770124315

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 320-3347

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

STENSMAN, LARS

Provider ID: 517802

Provider Gender: Male

License Number: A158569

NPI: 1659638062

Provider English Spoken: Y

Provider Language(s)
Spoken: Danish, French,
Norwegian, Swedish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.org

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






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Cultural Competency: N
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901
 Phone: (619) 662-4100
 Fax: (619) 205-6305
 After Hours Phone: (619) 662-4100
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT






BAISLEY, SHAWN


Provider ID: 517802
Provider Gender: Male
License Number: PA52347
NPI: 1376936120
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SHARPE, NORMA

Provider ID: 517802
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.mtnhealth.org







Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

BORREGO SPRINGS

DERMATOLOGY


GREENWAY, HUBERT

Provider ID: 185179
Provider Gender: Male
License Number: C39104

NPI: 1366419004
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
BORREGO COMMUNITY HEALTH FOUNDTION
 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004
 Phone: (760) 767-5051
 After Hours Phone: (760) 767-5051
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

DERMATOLOGY

ZELAC, DANIEL

Provider ID: 185179
Provider Gender: Male
License Number: G85319
NPI: 1891709903
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

BORREGO COMMUNITY HEALTH FOUNDTION

4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)
767-5051

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

GHAFARI, DAUOD

Provider ID: 185179

Provider Gender: Male

License Number: A98486

NPI: 1053417691

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Persian,
Spanish

Cultural Competency: N

Board Certified Specialty: No

**BORREGO COMMUNITY
HEALTH FOUNDTION**

4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004

Phone: (760) 767-5051

After Hours Phone: (760)
767-5051

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1487889846

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FQHC

BORREGO MEDICAL CLINIC,

Provider ID: 185179

NPI: 1134144165

Provider English Spoken: Y

Cultural Competency: N

**BORREGO COMMUNITY
HEALTH FOUNDTION**

4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)
767-5051

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

CAMPO

CERTIFIED NURSE PRACTITIONER

LIEBER, CAROL

Provider ID: 519686

Provider Gender: Female

License Number: NP20849

NPI: 1487889846

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

BAUM, PETER

Provider ID: 519686

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS
RD








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

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

BAUM, PETER

Provider ID: 549082
 Provider Gender: Male
 NPI: 1174919971
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 1388 BUCKMAN SPRINGS RD
 CAMPO, CA 91906
 Phone: (619) 662-4100
 Fax: (619) 824-9071
 After Hours Phone: (619) 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM
 M-F 8:30AM-5:30PM
 SA 8AM-2:30PM


FAMILY PRACTICE

CORONADO, MYRNA

Provider ID: 519686
 Provider Gender: Female
 License Number: A112627
 NPI: 1710147566
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1388 BUCKMAN SPRINGS RD
 CAMPO, CA 91906
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE



KAUFHOLD, ANNE

Provider ID: 519686
 Provider Gender: Female
 License Number: A88893
 NPI: 1164508073
 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1388 BUCKMAN SPRINGS RD
 CAMPO, CA 91906
 Phone: (619) 445-6200
 After Hours Phone: (619) 445-6200
 Website: www.syhealth.org
 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
 IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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

ORTIZ, KENNETH

Provider ID: 519686
Provider Gender: Male
License Number: A156607
NPI: 1356761571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

ROGERS, MATTHEW

Provider ID: 519686
Provider Gender: Male
License Number: 20A18400
NPI: 1639606130
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

ROGERS, MATTHEW

Provider ID: 530207
Provider Gender: Male
NPI: 1639606130
Provider English Spoken: Y

Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
Fax: (619) 824-9071
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM

FAMILY PRACTICE

SAIDRO, LUZVIMINDA

Provider ID: 519686
Provider Gender: Female
License Number: A93746
NPI: 1750364386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: UC DAVIS MEDICAL CTR
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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 MEDICINE,

Provider ID: 519686

NPI: 1174164719

☑ Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ Phone: (619) 662-4100

Fax: (619) 478-9164

🕒 After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

IBANEZ, SIR CEDRIC

Provider ID: 519686

Provider Gender: Male

License Number: A112484

NPI: 1841496452

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: NATIVIDAD MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SHARPE, NORMA

Provider ID: 519686

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

CARLSBAD

CERTIFIED NURSE

PRACTITIONER

YOUNG, JENNIFER

Provider ID: 480120

Provider Gender: Female

License Number: NP95003087

NPI: 1558701094

☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1295 CARLSBAD VILLAGE DR STE 100

CARLSBAD, CA 92008

☎ Phone: (760) 736-6767

🕒 After Hours Phone: (760) 736-6767

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): NPI: 1245246917

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

YOUNG, JENNIFER

Provider ID: 480120

Provider Gender: Female

License Number: NP95003087


NPI: 1558701094


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

FQHC

TRUECARE,


Provider ID: 480120

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

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
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)

736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

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
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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

IHP OF SOUTHERN CAL-PHP

1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

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

IHP OF SOUTHERN CAL-PHP

1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

BURGAMY, ELIZABETH

Provider ID: 326275

Provider Gender: Female

NPI: 1164609558

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3257 CAMINO DE LOS
COCHES STE 202

CARLSBAD, CA 92009

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760)
633-3640

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

IYENGAR, RADHA

Provider ID: 480120

Provider Gender: Female

License Number: A49273

NPI: 1265448112

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi, Spanish,
Tagalog, Tamil

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1295 CARLSBAD VILLAGE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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

IHP OF SOUTHERN CAL-PHP

1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

MUTH, NATALIE

Provider ID: 328451

Provider Gender: Female

NPI: 1497982888

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3257 CAMINO DE LOS
COCHES STE 202

CARLSBAD, CA 92009

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760) 633-3640

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

OCONNOR, ERICA

Provider ID: 651599

Provider Gender: Female

NPI: 1134782725

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3257 CAMINO DE LOS
COCHES STE 202

CARLSBAD, CA 92009

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760) 633-3640

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

TANAKA, MARY

Provider ID: 465387

Provider Gender: Female

NPI: 1295962686

Provider English Spoken: Y

Provider Language(s) Spoken: Thai


Cultural Competency: N


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

*Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO*

*Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK*

 3257 CAMINO DE LOS
COCHES STE 202
CARLSBAD, CA 92009

 Phone: (760) 633-3640
Fax: (760) 633-3644

 After Hours Phone: (760)
633-3640


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


ZACHRY, ALISON

Provider ID: 480120

Provider Gender: Female

License Number: A131678

NPI: 1922402858

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN


DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100
CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

PEDIATRICS


ZACHRY, ALISON

Provider ID: 480120

Provider Gender: Female

License Number: A131678

NPI: 1922402858

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100
CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

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

IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100
CARLSBAD, CA 92008

 Phone: (760) 736-6767

Fax: (760) 720-7204

 After Hours Phone: (760)
736-6767


 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SA 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
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100
CARLSBAD, CA 92008

 Phone: (760) 736-6767

Fax: (760) 720-7204

 After Hours Phone: (760)
736-6767


 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
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100
CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

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
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE
DR STE 100
CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

FERNANDEZ LEYVA, JUAN

Provider ID: 206355

Provider Gender: Male

License Number: NP95001964

NPI: 1194115568

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA

Provider ID: 427322

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY

Provider ID: 206355

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL

Provider ID: 206355

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN

Provider ID: 427322

Provider Gender: Female


License Number: NP5579


NPI: 1841200482


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN

Provider ID: 427322

Provider Gender: Female


License Number: RN371480


NPI: 1841200482


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

ROSS, CRYSTAL

Provider ID: 427322

Provider Gender: Female

License Number: NP95015413

NPI: 1548683378

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON, GROSSMONT

HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org

/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

SICKLES, MAGGIE

Provider ID: 427322

Provider Gender: Female


License Number: NP22000


NPI: 1821346826


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

VEGA, TERESA

Provider ID: 206355

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 206355

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA

Provider ID: 206355

Provider Gender: Female

License Number: NM792

NPI: 1174553259

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

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
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: [www.syhealth.org/
/clinics/chula- vista- medic
al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

HASHEM, SHIVA

Provider ID: 206355

Provider Gender: Female

License Number: DC26269

NPI: 1952950776

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

CHIROPRACTOR

KAZEM, HARON

Provider ID: 427322

Provider Gender: Male

License Number: DC33295

NPI: 1306221262

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Persian,
Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- 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

CHIROPRACTOR

PLANTE, CHARLES

Provider ID: 427322

Provider Gender: Male

License Number: DC31963

NPI: 1760464960

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

REYNOSO, ALFONSO

Provider ID: 427322

Provider Gender: Male

License Number: DC20760

NPI: 1285921627

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY

METABOLISM DIABETES

CARRILLO, MARITZA

Provider ID: 427322

Provider Gender: Female

License Number: A163183

NPI: 1649628587

Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

ENDOCRINOLOGY

METABOLISM DIABETES


CRUZ, MICHAEL

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY

METABOLISM DIABETES


VINCENT, LAUREN

Provider ID: 427322

Provider Gender: Female

License Number: A134303


NPI: 1053757997


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

ALANIZ, MATEO

Provider ID: 427322

Provider Gender: Male

License Number: A124388

NPI: 1700175577

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

AMANAT, SOROOSH

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 427322
 Provider Gender: Male
 License Number: A153022
 NPI: 1003279621
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F
 8:30AM-5:30PM
 SA 8AM-2:30PM

FAMILY PRACTICE

ARCE GOMEZ, LAURA

Provider ID: 427322
 Provider Gender: Female
 License Number: A123604

NPI: 1053532986
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: CHULA
 VISTA COMM HOSP
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

CAMPOS, MELISSA

Provider ID: 427322
 Provider Gender: Female
 License Number: A138474
 NPI: 1427475318
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

CHERY, FARAH

Provider ID: 206355
 Provider Gender: Female
 License Number: A108681
 NPI: 1114183688
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: EL
 CENTRO REGIONAL MEDICAL
 CENTER, SHARP CHULA VISTA
 MED CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 251 LANDIS AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619) 515-2500
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE


CHERY, FARAH

Provider ID: 417641

Provider Gender: Female

License Number: A108681

NPI: 1114183688

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: EL


CENTRO REGIONAL MEDICAL CENTER, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 352 L ST
 CHULA VISTA, CA 91911

 Phone: (619) 515-2325


 After Hours Phone: (619) 515-2325

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

DY, DIANE

Provider ID: 206355

Provider Gender: Female


License Number: A153344


NPI: 1467807560


 Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 251 LANDIS AVE
 CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER


FAMILY PRACTICE


ELSAIED, MOHAMMED

Provider ID: 19561

Provider Gender: Male

NPI: 1821033424

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, German, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS


MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL,


SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No
 COMMUNITY CARE IPA LLC

 330 OXFORD ST STE 106
 CHULA VISTA, CA 91911

 Phone: (619) 409-1802

Fax: (619) 409-1831

 After Hours Phone: (619) 409-1802


 Website: N/A

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

Provider ID: 19561

Provider Gender: Male

NPI: 1821033424

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, German,



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

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
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
 330 OXFORD ST STE 106 CHULA VISTA, CA 91911
 Phone: (619) 409-1802
Fax: (619) 409-1831
 After Hours Phone: (619) 409-1802
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 9AM-5PM F 8AM-4PM

FAMILY PRACTICE



GARCIA, KARLA






Provider ID: 427322
Provider Gender: Female
License Number: A120672
NPI: 1154647410
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 678 3RD AVE CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-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





HUBLEY, PAUL

Provider ID: 206355
Provider Gender: Male
License Number: A73172
NPI: 1568496974
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 251 LANDIS AVE CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619) 515-2500
 Website: www.fhcsd.org
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
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 678 3RD AVE CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>N  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i></p>	<p><i>NPI: 1205253150</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i></p>	<p><i>HOSPITAL</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>
<u>FAMILY PRACTICE</u>		
<p>LACH, REBECCA <i>Provider ID: 427322</i> <i>Provider Gender: Female</i> <i>License Number: A177922</i> <i>NPI: 1679137780</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i>  <i>678 3RD AVE</i> <i>CHULA VISTA, CA 91910</i>  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i></p>	<p><i>Hospital Affiliation: CHULA VISTA COMM HOSP</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i>  <i>678 3RD AVE</i> <i>CHULA VISTA, CA 91910</i>  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>678 3RD AVE</i> <i>CHULA VISTA, CA 91910</i>  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<u>FAMILY PRACTICE</u>		
<p>MCKENNETT, MARIANNE <i>Provider ID: 427322</i> <i>Provider Gender: Female</i> <i>License Number: G57243</i> <i>NPI: 1376639666</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, SCRIPPS MERCY</i></p>	<p>MCKENNETT, MARIANNE <i>Provider ID: 427322</i> <i>Provider Gender: Female</i> <i>License Number: G57243</i> <i>NPI: 1376639666</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, SCRIPPS MERCY</i></p>	<p>MENON, POOJA <i>Provider ID: 427322</i> <i>Provider Gender: Female</i> <i>License Number: A123263</i> <i>NPI: 1053600064</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i>  <i>678 3RD AVE</i> <i>CHULA VISTA, CA 91910</i>  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i></p>
<u>FAMILY PRACTICE</u>		
<p>LAW, KAREN <i>Provider ID: 427322</i> <i>Provider Gender: Female</i> <i>License Number: A138534</i></p>	<p>MCKENNETT, MARIANNE <i>Provider ID: 427322</i> <i>Provider Gender: Female</i> <i>License Number: G57243</i> <i>NPI: 1376639666</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, SCRIPPS MERCY</i></p>	<p>MENON, POOJA <i>Provider ID: 427322</i> <i>Provider Gender: Female</i> <i>License Number: A123263</i> <i>NPI: 1053600064</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i>  <i>678 3RD AVE</i> <i>CHULA VISTA, CA 91910</i>  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


MERRILL, SARAH

Provider ID: 427322

Provider Gender: Female

License Number: A123492

NPI: 1225399512

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE


MOYA, MARY

Provider ID: 427322

Provider Gender: Female

License Number: A80185

NPI: 1093844417

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 352 L ST

FAMILY PRACTICE

NGUYEN, CARIE

Provider ID: 427322

Provider Gender: Female

License Number: A106103

NPI: 1174781132

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

CHULA VISTA, CA 91911
 Phone: (619) 515-2325
 After Hours Phone: (619) 515-2325
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PALOMINO, MARY

Provider ID: 427322

Provider Gender: Female

License Number: A115699

NPI: 1770718975

Provider English Spoken: Y


Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA VISTA


Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/chula-vista-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
 IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PEREZ, PERLITA

Provider ID: 206355

Provider Gender: Female

License Number: A119689

NPI: 1174810972

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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


PINA, RAQUEL

Provider ID: 206355

Provider Gender: Female

License Number: A177698

NPI: 1255893368


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org
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
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medic-al-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

RAJ, ASHA

Provider ID: 417641

Provider Gender: Female

License Number: 20A15683

NPI: 1003293507


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO


 352 L ST
CHULA VISTA, CA 91911
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROSENBLATT, EUGENE

Provider ID: 427322

Provider Gender: Male

License Number: 20A9060

NPI: 1427123991

 Provider English Spoken: Y



























Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/chula-vista-medical-plaza</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>/clinics/chula- vista- medic al- plaza</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>PROVIDER</p> <hr/> <p>FAMILY PRACTICE</p> <hr/> <p>SWARTZ, JOHN</p> <p>Provider ID: 427322</p> <p>Provider Gender: Male</p> <p>License Number: G72486</p> <p>NPI: 1396754131</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE CHULA VISTA, CA 91910</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/chula-vista-medical-plaza</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> <hr/> <p>FAMILY PRACTICE</p> <hr/>
<hr/> <p>FAMILY PRACTICE</p> <hr/> <p>SERPAS, SHAILA</p> <p>Provider ID: 427322</p> <p>Provider Gender: Female</p> <p>License Number: G74728</p> <p>NPI: 1124039136</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE CHULA VISTA, CA 91910</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org</p>	<hr/> <p>FAMILY PRACTICE</p> <hr/> <p>SHAHTAJI, ALAN</p> <p>Provider ID: 427322</p> <p>Provider Gender: Male</p> <p>License Number: 20A11087</p> <p>NPI: 1972751089</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE CHULA VISTA, CA 91910</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/chula-vista-medical-plaza</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<hr/> <p>FAMILY PRACTICE</p> <hr/>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

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
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FAMILY PRACTICE

TOLEDO-NADER, CAROLL

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910



Phone: (619) 662-4100



After Hours Phone: (619)
662-4100



Website: www.syhealth.org/clinics/chula-vista-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
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): Provider ID: 427322

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
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


FAMILY PRACTICE

WHITLEY, NICHOLAS

Provider Gender: Male

License Number: A118250

NPI: 1629394721

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


YOON, RYAN

Provider ID: 427322

Provider Gender: Male

License Number: A114600

NPI: 1942435144

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FQHC

CHULA VISTA FAMILY HLTH CTR,

Provider ID: 206355


NPI: 1346480837

 Provider English Spoken: Y

Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

Fax: (619) 397-1161

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,


Provider ID: 417641

NPI: 1083959464

Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF SAN DIEGO

 352 L ST
CHULA VISTA, CA 91911

 Phone: (619) 515-2325

Fax: (619) 420-0660


 After Hours Phone: (619) 515-2325


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: 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


IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-6941

 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org/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
SA 8AM-4PM

FQHC

SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,


Provider ID: 664445

NPI: 1184135873

Provider English Spoken: Y
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 280 E ST
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 426-2170

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

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
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

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
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)

662-4100
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

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
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org/clinics/chula-vista-medical-plaza


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

KIM, JIUN

Provider ID: 427322

Provider Gender: Female

License Number: C182935


NPI: 1598020752


 Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


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

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 340 4TH AVE STE 10
CHULA VISTA, CA 91910

 Phone: (619) 934-2215

Fax: (619) 500-5955

 After Hours Phone: (619)
934-2215

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

WEN, AKI YEN CHANG

Provider ID: 427322

Provider Gender: Male

License Number: 20A12555

NPI: 1205126505

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

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
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500

Website: www.fhcsd.org
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-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
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 206355

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 206355
Provider Gender: Female
License Number: C174771
NPI: 1053392035

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206355
Provider Gender: Female
License Number: A72005
NPI: 1649208711

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500
 Website: www.fhcsd.org
Medi-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
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F
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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL, KERN
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

SEFA-BOAKYE, KOFI

Provider ID: 427322

Provider Gender: Male

License Number: G59670

NPI: 1902993660

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,


SCRIPPS MERCY HOSPITAL

CHULA VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY


SHORT, ABIADÉ

Provider ID: 427322

Provider Gender: Male

License Number: A114893

NPI: 1750559589

 *Provider English Spoken: Y*



 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *678 3RD AVE
CHULA VISTA, CA 91910*

 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/chula-vista-medical-plaza*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

OBSTETRICS / GYNECOLOGY


STABEN, REBECCA

Provider ID: 206355

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 *Provider English Spoken: Y*

Cultural Competency: N



Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 *251 LANDIS AVE
CHULA VISTA, CA 91910*

 *Phone: (619) 515-2500*
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY


TRUJILLO, JENNIFER

Provider ID: 427322

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*



Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *678 3RD AVE
CHULA VISTA, CA 91910*

 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/chula-vista-medical-plaza*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206355

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
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
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OPHTHALMOLOGY

PAPASTERGIU, GEORGIOS

Provider ID: 427322

Provider Gender: Male

License Number: A127706

NPI: 1790054393

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Farsi,
French, Greek, Italian,
Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL
CENTER, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- 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
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY

SKAF, AYHAM

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N


Hospital Affiliation: EL


CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 678 3RD AVE CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

PEDIATRICS

AKASHI, MARC

Provider ID: 163322

Provider Gender: Male

NPI: 1205002417

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SHARP CHULA VISTA MED

CTR, SCRIPPS MERCY

HOSPITAL


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619) 482-3090

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

ATIENZA, PAMELA

Provider ID: 106987

Provider Gender: Female

NPI: 1417916107

Provider English Spoken: Y

Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 890 EASTLAKE PKWY STE 200

CHULA VISTA, CA 91914

 Phone: (619) 656-6817

Fax: (619) 656-6908

 After Hours Phone: (619) 506-1218

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5:30PM

PEDIATRICS

BARBADILLO, FERDINAND

Provider ID: 70456

Provider Gender: Male

NPI: 1982662193





Provider English Spoken: Y



Provider Language(s) Spoken: Spanish, Tagalog

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 890 EASTLAKE PKWY STE 200
 CHULA VISTA, CA 91914
 *Phone: (619) 656-6817*
Fax: (619) 656-6908
 *After Hours Phone: (619) 656-6817*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 9AM-5PM*

PEDIATRICS



BROUDY, ABRAHAM







Provider ID: 109328
Provider Gender: Male
NPI: 1528039526
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK
 2440 FENTON ST STE 100
 CHULA VISTA, CA 91914
 *Phone: (619) 656-3040*
Fax: (619) 656-3045
 *After Hours Phone: (619) 656-3040*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

PEDIATRICS



CAPETANAKIS, ELENI

Provider ID: 89610
Provider Gender: Female
NPI: 1346211554
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Greek, Spanish*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

NETWORK
 865 3RD AVE STE 101
 CHULA VISTA, CA 91911
 *Phone: (619) 426-7910*
Fax: (619) 426-2337
 *After Hours Phone: (619) 426-7910*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*



PEDIATRICS

CORDOBA, MIGUEL


Provider ID: 88187
Provider Gender: Male
NPI: 1053382176
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 865 3RD AVE STE 101
CHULA VISTA, CA 91911
 Phone: (619) 426-7910
Fax: (619) 426-2337

 After Hours Phone: (619)
426-7910


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


DONG, TAMMY

Provider ID: 427322

Provider Gender: Female

License Number: A66903

NPI: 1386655413

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 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

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

RADY CHILDRENS HEALTH

NETWORK

 865 3RD AVE STE 101
CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619)
426-7910


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

FLETCHER, EMILY

Provider ID: 232312

Provider Gender: Female

NPI: 1780935940

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

MERCY HOSPITAL

BAKERSFIELD, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MERCY HOSPITAL,

UCSF BENIOFF CHILDREN'S


HOSPITAL OAKLAND

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 2440 FENTON ST STE 100
CHULA VISTA, CA 91914

 Phone: (619) 656-3040

Fax: (619) 656-3045

 After Hours Phone: (619)
656-3040

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PROVIDER
 Hours: M-F 8AM-5PM


PEDIATRICS

FLORES, ERNEST

Provider ID: 658652

Provider Gender: Male


NPI: 1043848807

 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 865 3RD AVE STE 101
 CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619)
 426-7910

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT 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
 RADY CHILDRENS HEALTH NETWORK

 1741 EASTLAKE PKWY STE
 107

CHULA VISTA, CA 91915

 Phone: (619) 482-1700

Fax: (619) 475-4578

 After Hours Phone: (619)
 482-1700


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

GARCIA, CARLOS

Provider ID: 64734

Provider Gender: Male

NPI: 1417959370

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA, RADY
 CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 1392 E PALOMAR ST STE
 501

CHULA VISTA, CA 91913

 Phone: (619) 271-4059

Fax: (619) 271-7451

 After Hours Phone: (619)
 271-4059


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
 8:30AM-5:30PM
 F 8:30AM-5PM

PEDIATRICS


GARCIA, RAFAEL

Provider ID: 360408

Provider Gender: Male

NPI: 1053414086

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Board Certified Specialty: No
 RADY CHILDRENS HEALTH


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NETWORK

 752 MEDICAL CENTER CT
STE 210

CHULA VISTA, CA 91911

 Phone: (619) 656-0206

Fax: (619) 656-8936

 After Hours Phone: (619)
656-0206

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

GHAHREMANI, SIMIN

Provider ID: 634787

Provider Gender: Female

NPI: 1508904657

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Faroese, Farsi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MERCY

HOSPITAL


Board Certified Specialty: No

RADY CHILDRENS HEALTH


NETWORK


 280 E ST

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619)
662-4100

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


GHAHREMANI, SIMIN

Provider ID: 664445

Provider Gender: Female

License Number: C51110

NPI: 1508904657

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Faroese, Farsi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MERCY


HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 280 E ST

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

HOLLICK, NATALIE

Provider ID: 473802

Provider Gender: Female

NPI: 1558716845

 Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: Yes

RADY CHILDRENS HEALTH

NETWORK

 865 3RD AVE STE 101

CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619)
426-7910

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

ISAIAS, AGNELA

Provider ID: 664445


Provider Gender: Female

License Number: A82912

NPI: 1790772572

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。







C. 初級保健名錄

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation:
 GROSSMONT HOSPITAL,
 ALVARADO HOSPITAL LLC,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR
Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 280 E ST
 CHULA VISTA, CA 91910
 *Phone: (619) 662-4100*
Fax: (619) 426-2170
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*

PEDIATRICS




JACOBS-KLEISLI, MILAGROS






Provider ID: 467596
Provider Gender: Female
NPI: 1811221641
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation:
 GROSSMONT HOSPITAL,
 SHARP MEMORIAL HOSPITAL,
 RADY CHILDRENS HOSPITAL
 SAN DIEGO, HUNTINGTON

MEMORIAL HOSPITAL, USC
 Arcadia Hospital
Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 769 MEDICAL CENTER CT
 STE 300
 CHULA VISTA, CA 91911
 *Phone: (619) 482-3090*
Fax: (619) 482-7350
 *After Hours Phone: (619) 482-3090*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM SA 8AM-0PM*

PEDIATRICS






KORSAND, SID

Provider ID: 634788
Provider Gender: Male
NPI: 1588634513
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Farsi, Persian, Turkish*
Cultural Competency: N
Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 280 E ST
 CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*
Fax: (619) 662-4196
 *After Hours Phone: (619) 662-4100*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*


PEDIATRICS

KORSAND, SID

Provider ID: 664445
Provider Gender: Male
License Number: A49591
NPI: 1588634513
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Farsi, Persian, Turkish*
Cultural Competency: N
Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 280 E ST
 CHULA VISTA, CA 91910
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Hours: M-F 8AM-5PM


PEDIATRICS

MCMAHON, SHARON

Provider ID: 648721

Provider Gender: Female

NPI: 1487279246


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 865 THIRD AVESTE 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

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 2440 FENTON ST STE 100
CHULA VISTA, CA 91914

 Phone: (619) 656-3040

Fax: (619) 656-3045

 After Hours Phone: (619)
656-3040

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

MOSQUERA, DIANA

Provider ID: 371232

Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No

RADY CHILDRENS HEALTH


NETWORK

 769 MEDICAL CENTER CT
STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619)
482-3090

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


MOSQUERA, DIANA

Provider ID: 463001

Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 865 3RD AVE STE 101
CHULA VISTA, CA 91911

 Phone: (619) 426-7910

 After Hours Phone: (619)
426-7910

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\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

RADY CHILDRENS HEALTH

NETWORK

 2440 FENTON ST STE 100

CHULA VISTA, CA 91914

 Phone: (619) 656-3040

Fax: (619) 656-3045

 After Hours Phone: (619) 656-3040

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): **PIANSAY, MARIACORAZON**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

OIRA, VICTORIA

Provider ID: 73140

Provider Gender: Female

NPI: 1134172448

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 890 EASTLAKE PKWY STE 203

CHULA VISTA, CA 91914

 Phone: (619) 656-3020

Fax: (619) 656-3019

 After Hours Phone: (619) 370-6661

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-4:30PM


PEDIATRICS

Provider ID: 427322

Provider Gender: Female

License Number: A93785

NPI: 1669680351

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL


CHULA VISTA


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

ROWHANI, NAGHMEH


Provider ID: 664445

Provider Gender: Female

License Number: A92037

NPI: 1992876759

 Provider English Spoken: Y

 Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Spoken: Persian
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 280 E ST
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\21

American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

SALAZAR, JUANITA

Provider ID: 206355
 Provider Gender: Female
 License Number: A78355
 NPI: 1912938325
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog,
 Vietnamese
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 251 LANDIS AVE

CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619) 515-2500
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

SANTIAGO, ROXANE

Provider ID: 269279
 Provider Gender: Female
 NPI: 1033461801
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SHARP CHULA VISTA
 MED CTR, SCRIPPS MERCY
 HOSPITAL CHULA VISTA,
 SCRIPPS MEMORIAL
 HOSPITAL, UCSF BENIOFF
 CHILDREN'S HOSPITAL
 OAKLAND, SCRIPPS MERCY
 HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 865 3RD AVE STE 101
 CHULA VISTA, CA 91911
 Phone: (619) 426-7910
 Fax: (619) 426-2337

After Hours Phone: (619) 426-7910
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM


PEDIATRICS

SHETH, HASMUKH

Provider ID: 427322
 Provider Gender: Male
 License Number: A45942
 NPI: 1396812236
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Gujarati, Hindi,
 Urdu
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MERCY
 HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 /clinics/chula- vista- medic
 al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL):  Accessibility: CONTACT PROVIDER

 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

RADY CHILDRENS HEALTH

NETWORK

 1741 EASTLAKE PKWY STE 107

CHULA VISTA, CA 91915

 Phone: (619) 482-1700

Fax: (619) 475-4578

 After Hours Phone: (619) 482-1700


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Hours: M-F 8AM-5PM


PEDIATRICS

YAO, CATHERINE

Provider ID: 371204

Provider Gender: Female

NPI: 1801166442

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Board Certified Specialty: No

RADY CHILDRENS HEALTH


NETWORK

 769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619) 482-3090

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

ZARGAR, SHABNAM

Provider ID: 371075

Provider Gender: Female

NPI: 1417256074

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, DESERT

REGIONAL MED CTR, JOHN F

KENNEDY MEMORIAL HOSP,

RADY CHILDRENS HOSPITAL

SAN DIEGO


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619) 482-3090

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

BALDONADO, ANALICIA

Provider ID: 417641

Provider Gender: Female

License Number: PA61683

NPI: 1215477765

 Provider English Spoken: Y

 Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619)
515-2325

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

INDA, PRISCILLA

Provider ID: 427322
Provider Gender: Female
License Number: PA54404
NPI: 1679008379

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Russian,
Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: www.syhealth.org
/clinics/chula- vista- 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
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

QUICK, ELISABETH

Provider ID: 206355
Provider Gender: Female
License Number: PA21591
NPI: 1790055010

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 352 L ST
CHULA VISTA, CA 91911
 Phone: (619) 515-2325
 After Hours Phone: (619)
515-2325

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org

/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PODIATRIST

SCHNEIDER, SARAH

Provider ID: 206355

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL

THERAPIST


AMAYA, RICARDO

Provider ID: 206355

Provider Gender: Male


License Number: PT37189


NPI: 1437445566

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500


 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL

THERAPIST

CUMMINGS, GEORGE

Provider ID: 206355

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish



Cultural Competency: N


Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Phone: (619) 515-2500
 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST


GEORGE, JENNIFER

Provider ID: 206355

Provider Gender: Female

License Number: PT294245

NPI: 1215402177


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO


 251 LANDIS AVE
CHULA VISTA, CA 91910


 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

REGISTERED PHYSICAL THERAPIST


GONZALES, MICHELLE

Provider ID: 206355

Provider Gender: Female

License Number: PT291706

NPI: 1548714652


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID

Provider ID: 206355

Provider Gender: Male


License Number: PT293536


NPI: 1043736879


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST

RODRIGUEZ, CASSANDRA

Provider ID: 206355

Provider Gender: Female

License Number: PT292823

NPI: 1770025595


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO



 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

RHEUMATOLOGY

REDDY, DANA

Provider ID: 427322
 Provider Gender: Female
 License Number: A115598
 NPI: 1144538778
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ENCINITAS
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

SPEECH PATHOLOGIST

CABADING, DOREEN








Provider ID: 427322
 Provider Gender: Female
 License Number: SP18192
 NPI: 1043507585
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

EL CAJON

CERTIFIED NURSE PRACTITIONER




BELEN, NEZER

Provider ID: 418340

Provider Gender: Male
 License Number: NP95009292
 NPI: 1386120723
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

DRISCOLL, SUSAN



Provider ID: 569910
 Provider Gender: Female
 License Number: NP95012943
 NPI: 1477755684
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

EL CAJON, CA 92020
 Phone: (619) 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

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
 FAMILY HEALTH CENTERS OF SAN DIEGO

 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N





 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

HAMID, WAHIDA

Provider ID: 569910
 Provider Gender: Female
 License Number: NP95001707
 NPI: 1164812293

 Provider English Spoken: Y
 Provider Language(s) Spoken: Persian, Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N


 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


HARPEL, SHERYL

Provider ID: 569910
 Provider Gender: Female
 License Number: NP95009329



NPI: 1780177147

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org
 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

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
 IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

662-4100

 Website: www.syhealth.org

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

PRACTITIONER

LEONARD, BEVERLY

Provider ID: 206354

Provider Gender: Female

License Number: NP10943

NPI: 1285772392


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 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

 Hours: M-F
8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

LU, TAMMY

Provider ID: 206354

Provider Gender: Female

License Number: NP95007253


NPI: 1457879132


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499


 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

MANGENE, CYNTHIA

Provider ID: 206354

Provider Gender: Female

License Number: NP6782


NPI: 1548292626


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-5:30PM</p>	<p>Provider ID: 185267</p> <p>Provider Gender: Female</p> <p>License Number: NP4430</p> <p>NPI: 1346437464</p>	<p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>
<p>CERTIFIED NURSE PRACTITIONER</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p>	<p> 525 E MAIN ST EL CAJON, CA 92020</p>
<p>OCHOA, ERLINDA</p> <p>Provider ID: 418501</p> <p>Provider Gender: Female</p> <p>License Number: NP4430</p> <p>NPI: 1346437464</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>LA MAESTRA FAMILY CLINIC</p>	<p> Phone: (619) 515-2498</p> <p> After Hours Phone: (619) 515-2498</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>
<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>LA MAESTRA FAMILY CLINIC</p> <p> 1032 BROADWAY EL CAJON, CA 92021</p> <p> Phone: (619) 795-5991</p> <p> After Hours Phone: (619) 795-5991</p> <p> Website: www.lamaestra.org</p>	<p> After Hours Phone: (619) 312-0347</p> <p> Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p> After Hours Phone: (619) 312-0347</p> <p> Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>
<p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p>CERTIFIED NURSE PRACTITIONER</p>	<p>CERTIFIED NURSE PRACTITIONER</p>
<p>OCHOA, ERLINDA</p> <p>Provider ID: 418340</p> <p>Provider Gender: Female</p> <p>License Number: RN810863</p> <p>NPI: 1063835692</p>	<p>ODA, THAGHAR</p> <p>Provider ID: 418340</p> <p>Provider Gender: Female</p> <p>License Number: NP95000205</p> <p>NPI: 1063835692</p>	<p>Provider ID: 418340</p> <p>Provider Gender: Female</p> <p>License Number: RN810863</p> <p>NPI: 1063835692</p>
<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Amharic, Arabic</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Amharic, Arabic</p> <p>Cultural Competency: N</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Amharic, Arabic</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>
<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Amharic, Arabic</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 525 E MAIN ST EL CAJON, CA 92020</p> <p> Phone: (619) 515-2498</p> <p> After Hours Phone: (619) 515-2498</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Amharic, Arabic</p> <p>Cultural Competency: N</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Amharic, Arabic</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


OLVERA, LUISA

Provider ID: 478971

Provider Gender: Female

License Number: NP95001710

NPI: 1598161309

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP CHULA VISTA MED CTR

Board Certified Specialty: No BORREGO COMMUNITY

HEALTH FOUNDTION

 133 W MAIN ST STE 100 EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619) 401-0404

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU-SA 8AM-8PM

CERTIFIED NURSE

PRACTITIONER


REAL, MARIA


Provider ID: 185267

Provider Gender: Female

License Number: NP17328

NPI: 1548450471

 Provider English Spoken: Y

 Provider Language(s) Spoken: Catalan, German, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No LA MAESTRA FAMILY CLINIC

 165 S 1ST ST EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619) 312-0347


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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 IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

REID, EMILY

Provider ID: 185267

Provider Gender: Female


License Number: NP95002766


NPI: 1083081467

 Provider English Spoken: Y Cultural Competency: N

Board Certified Specialty: No LA MAESTRA FAMILY CLINIC

 165 S 1ST ST EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619) 312-0347

 Website: www.lamaestra.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


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

SMITH, SHARON

Provider ID: 418340

Provider Gender: Female

License Number: RN428876

NPI: 1780603597


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

SMITH, SHARON

Provider ID: 418340

Provider Gender: Female

License Number: NP15444

NPI: 1780603597


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 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

CERTIFIED NURSE PRACTITIONER

SWAN, MELANIE

Provider ID: 206354

Provider Gender: Female

License Number: NP95000818

NPI: 1871934414


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

**VERDUZCO GONZALEZ,
AURORA**

Provider ID: 185267

Provider Gender: Female

License Number: NP95001961

NPI: 1932452323


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC




 165 S 1ST ST
EL CAJON, CA 92019

 Phone: (619) 312-0347







 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

CERTIFIED NURSE PRACTITIONER

**VILLANUEVA DE GUTIE,
BERENICE**
 Provider ID: 185267
 Provider Gender: Female
 License Number: NP95002188
 NPI: 1952795536
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 165 S 1ST ST
 EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619)
 312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


CERTIFIED NURSE PRACTITIONER

WILLIAMS, BREAUNA
 Provider ID: 185267
 Provider Gender: Female
 License Number: NP95001840
 NPI: 1063884864
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 165 S 1ST ST
 EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619)
 312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM




CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
 Provider ID: 418340
 Provider Gender: Female
 License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
 515-2498
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

CORRY, ANDREA
 Provider ID: 418340
 Provider Gender: Female
 License Number: NM1721
 NPI: 1255489571
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

515-2498

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CHIROPRACTOR


HOURIHAN, KEITH

Provider ID: 418501

Provider Gender: Male

License Number: DC29314

NPI: 1306916994

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)
795-5983

 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

CHIROPRACTOR


SOSA, DAVID

Provider ID: 418340

Provider Gender: Male

License Number: DC33150

NPI: 1013308675


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 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: 206354

Provider Gender: Male

License Number: DC33150

NPI: 1013308675


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CHIROPRACTOR

UY, ASHLEY


Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Chinese


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

METABOLISM DIABETES

ISLAM, JULIE

Provider ID: 418340

Provider Gender: Female

License Number: A149552

NPI: 1750780516

Provider English Spoken: Y

Provider Language(s)

Spoken: Bengali, Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (616) 515-2498

After Hours Phone: (616) 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

ENDOCRINOLOGY

METABOLISM DIABETES

NAGELBERG, JODI

Provider ID: 418340

Provider Gender: Female

License Number: A146838

NPI: 1720474141

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619) 515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

Hours: M-F

8:30AM-5:30PM

FAMILY PRACTICE

AL ANI, NAJWAN

Provider ID: 418340

Provider Gender: Female

License Number: A144974

NPI: 1275948473

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)

515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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

IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAGINGITO, AUSTIN

Provider ID: 418340

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Male
License Number: A163977
NPI: 1942705637
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

BROWN, BRANDON
Provider ID: 418340
Provider Gender: Male
License Number: A148499
NPI: 1013399559
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 525 E MAIN ST

EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

BRUHN, JOSHUA
Provider ID: 418340
Provider Gender: Male
License Number: A186694
NPI: 1447888284
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498
 Website: www.fhcsd.org
Medi-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
FAMILY HEALTH CENTERS OF
SAN DIEGO
 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


DOMINGUEZ, DENNIS
Provider ID: 569910
Provider Gender: Male
License Number: G43179
NPI: 1225063811
 Provider English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)*
662-4100

 *Website: www.syhealth.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

FAMILY PRACTICE


GHAFARI, DAUOD


Provider ID: 478971

Provider Gender: Male

License Number: A98486

NPI: 1053417691

 *Provider English Spoken: Y*

 *Provider Language(s)*
Spoken: Farsi, Persian,
Spanish


Cultural Competency: N


Board Certified Specialty: No


BORREGO COMMUNITY
HEALTH FOUNDTION

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 *Phone: (619) 401-0404*

 *After Hours Phone: (619)*
401-0404

 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER


FAMILY PRACTICE


GHAFARI, DAUOD

Provider ID: 676088

Provider Gender: Male

NPI: 1053417691

 *Provider English Spoken: Y*


 *Provider Language(s)*
Spoken: Farsi, Persian,
Spanish

Cultural Competency: N

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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*

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

GORDON, CHRISTOPHER

Provider ID: 418340

Provider Gender: Male

License Number: A83390


NPI: 1477711521


 *Provider English Spoken: Y*

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 *Phone: (619) 515-2498*

 *After Hours Phone: (619)*
515-2498


 *Website: www.fhcsd.org*

Medi-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
FAMILY HEALTH CENTERS OF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020
 Phone: (619) 515-2499
 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


FAMILY PRACTICE

HODGKIN, EDWARD

Provider ID: 418340
Provider Gender: Male
License Number: A177445
NPI: 1922619766


 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM




FAMILY PRACTICE


KASAWA, JOHN

Provider ID: 569910
Provider Gender: Male
License Number: A79338
NPI: 1134230329

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


MANDOYAN, AUSTIN

Provider ID: 418340
Provider Gender: Female
License Number: A161682
NPI: 1841726148

 Provider English Spoken: Y


Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM
SA 8AM-5PM

FAMILY PRACTICE

NASSIR, BASSAM

Provider ID: 569910
Provider Gender: Male
License Number: A101888
NPI: 1386848166






 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP








 875 EL CAJON BLVD


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄








EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE


NIAZI, HARRIS
 Provider ID: 418340
 Provider Gender: Male
 License Number: A146111
 NPI: 1174905871
 Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

 Hours: M-F
 8:30AM-5:30PM
 SA 8:30AM-5:30PM

FAMILY PRACTICE







PUTRUS, RAMIZ
 Provider ID: 664824
 Provider Gender: Male
 License Number: A68184
 NPI: 1144300534
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 181 REA AVE
 EL CAJON, CA 92020
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PUTRUS, RAMIZ
 Provider ID: 185267
 Provider Gender: Male
 License Number: A68184
 NPI: 1144300534
 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 165 S 1ST ST
 EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

RODRIGUEZ, LOUIE
 Provider ID: 418340
 Provider Gender: Male
 License Number: A176144
 NPI: 1558823625
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A158364

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

RONQUILLO, KAREN AN

Provider ID: 658684

Provider Gender: Female

NPI: 1275160012


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 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

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
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


SCHUMAKER, EDWARD

Provider ID: 185267

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 165 S 1ST ST
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)

312-0347

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SCHUMAKER, EDWARD

Provider ID: 418501

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)
795-5991


 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

FQHC

CENTRO MEDICO EL CAJON,
 Provider ID: 478971
 NPI: 1154480069
 ☐ Provider English Spoken: Y
 Cultural Competency: N
**BORREGO COMMUNITY
 HEALTH FOUNDTION**
 📍 133 W MAIN ST STE 100
 EL CAJON, CA 92020
 📞 Phone: (619) 873-8940
 Fax: (619) 401-0522
 🕒 After Hours Phone: (619)
 873-8940
 🌐 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 🕒 Hours: SU 8AM-8PM
 M-F 8AM-8PM

FQHC

**CHASE AVENUE FAMILY
 HEALTH CTRS INC,**
 Provider ID: 206354
 NPI: 1104861681
 ☐ Provider English Spoken: Y
 Cultural Competency: N
**FAMILY HEALTH CENTERS OF
 SAN DIEGO**
 📍 1111 W CHASE AVE
 EL CAJON, CA 92020
 📞 Phone: (619) 515-2499
 Fax: (619) 593-7164

🕒 After Hours Phone: (619)
 515-2499
 🌐 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER

FQHC

**FAMILY HLTH CTR SAN
 DIEGO-EL CAJON,**
 Provider ID: 418340
 NPI: 1932561198
 ☐ Provider English Spoken: Y
 Cultural Competency: N
**FAMILY HEALTH CENTERS OF
 SAN DIEGO**
 📍 525 E MAIN ST
 EL CAJON, CA 92020
 📞 Phone: (619) 515-2498
 Fax: (619) 269-0191

🕒 After Hours Phone: (619)
 515-2498
 🌐 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 🕒 Hours: M-F
 8:30AM-5:30PM
 SA 8:30AM-5:30PM

FQHC

LA MAESTRA CHC EL CAJON

BROADWAY,
 Provider ID: 418501
 NPI: 1134590086
 ☐ Provider English Spoken: Y
 Cultural Competency: N
LA MAESTRA FAMILY CLINIC
 📍 1032 BROADWAY
 EL CAJON, CA 92021
 📞 Phone: (619) 795-5991
 Fax: (619) 795-5992
 🕒 After Hours Phone: (619)
 795-5991
 🌐 Website: www.lamaestra.or
 g
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 🕒 Hours: M-F
 8:30AM-5:30PM

FQHC

LA MAESTRA CHC-REA AVE,
 Provider ID: 664824
 NPI: 1609849074
 ☐ Provider English Spoken: Y
 Cultural Competency: N
LA MAESTRA FAMILY CLINIC
 📍 181 REA AVE
 EL CAJON, CA 92020
 📞 Phone: (619) 312-0347
 Fax: (619) 510-4649
 🕒 After Hours Phone: (619)
 312-0347
 🌐 Website: www.lamaestra.or
 g

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

FQHC

LA MAESTRA FAMILY CLINIC INC,


Provider ID: 185267

NPI: 1336353721

 Provider English Spoken: Y
Cultural Competency: N

LA MAESTRA FAMILY CLINIC

 165 S 1ST ST
EL CAJON, CA 92019

 Phone: (619) 312-0347

Fax: (619) 749-5480

 After Hours Phone: (619)
312-0347


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-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

IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 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
LA MAESTRA FAMILY CLINIC

 165 S 1ST ST

EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)
312-0347


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

INTERNAL MEDICINE

AL-TAMEEMI, AHMED

Provider ID: 478971

Provider Gender: Male


License Number: A151547


NPI: 1134513211

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
BORREGO COMMUNITY
HEALTH FOUNDTION

 133 W MAIN ST STE 100
EL CAJON, CA 92020

 Phone: (619) 401-0404


 After Hours Phone: (619)
401-0404

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>INTERNAL MEDICINE</p> <p>ALWASH, MUSTAFA Provider ID: 418340 Provider Gender: Male License Number: A160516 NPI: 1679936439</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Arabic Cultural Competency: N Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 515-2498 <input type="clock"/> After Hours Phone: (619) 515-2498 <input type="website"/> Website: www.fhcsd.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 8:30AM-5:30PM</p>	<p>NPI: 1164795498</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Assyrian, Syriac Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 875 EL CAJON BLVD EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 662-4100 <input type="clock"/> After Hours Phone: (619) 662-4100 <input type="website"/> Website: www.syhealth.org 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="clock"/> After Hours Phone: (619) 662-4100 <input type="website"/> Website: www.syhealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>
<p>INTERNAL MEDICINE</p> <p>AWDISHO, ALAN Provider ID: 569910 Provider Gender: Male License Number: 20A18702</p>	<p>INTERNAL MEDICINE</p> <p>CARPENTER III, ROBERT Provider ID: 569910 Provider Gender: Male License Number: 20A10964 NPI: 1356343040</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 875 EL CAJON BLVD EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 662-4100</p>	<p>INTERNAL MEDICINE</p> <p>DUONG, MAI Provider ID: 418340 Provider Gender: Female License Number: A127798 NPI: 1629339304</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Vietnamese Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 515-2498 <input type="clock"/> After Hours Phone: (619) 515-2498 <input type="website"/> Website: www.fhcsd.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 8:30AM-5:30PM</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

INTERNAL MEDICINE


GORGES, RANDA

Provider ID: 418340

Provider Gender: Female

License Number: A138815

NPI: 1285079509


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

INTERNAL MEDICINE


JABRI, ZAIN

Provider ID: 418501

Provider Gender: Male

License Number: A160760

NPI: 1891159620

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Arabic


Cultural Competency: N

Hospital Affiliation: ST AGNES
MEDICAL CENTER, CITY OF
HOPE NATIONAL MED CTR,
JOHN F KENNEDY MEMORIAL
HOSP, SUTTER MEDICAL
CENTER SACRAMENTO,
PIONEERS MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)
795-5991

 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

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
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

MAY, LOUIS


Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:
EISENHOWER MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP



 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100









請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

MICHAEL, RAMI

Provider ID: 569910
 Provider Gender: Male
 License Number: A144513
 NPI: 1467871673
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, Chaldean Neo-Aramaic
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM



INTERNAL MEDICINE







NADI, FAHIMA

Provider ID: 418340
 Provider Gender: Female
 License Number: A175325
 NPI: 1770072290
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Pashto, Persian, Urdu
 Cultural Competency: N
 Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE



NARAYAN, ARCHANA

Provider ID: 569910
 Provider Gender: Female
 License Number: A101773
 NPI: 1003053950
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Hindi, Kannada
 Cultural Competency: N
 Hospital Affiliation: PALOMAR MEDICAL CENTER
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

PARIKH, MILIND

Provider ID: 418340
 Provider Gender: Male
 License Number: 20A13745
 NPI: 1194161406
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Gujarati, Hindi, Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, Adventist Health and Rideout
 Board Certified Specialty: No FAMILY HEALTH CENTERS OF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

PETTIT, 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

BORREGO COMMUNITY
HEALTH FOUNDTION

133 W MAIN ST STE 100
EL CAJON, CA 92020

Phone: (619) 401-0404
After Hours Phone: (619)
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

REDDY, ARJUN

Provider ID: 428134

Provider Gender: Male

NPI: 1730132457

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5442 SYCUAN RD
EL CAJON, CA 92019

Phone: (619) 445-0707
Fax: (619) 445-0988

After Hours Phone: (619)
445-0707

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-4PM

INTERNAL MEDICINE

ROUEL, LINDA

Provider ID: 308485

Provider Gender: Female

NPI: 1326128950

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Assyrian,
Mandarin, Syriac

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, SHARP
MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

860 JAMACHA RD STE 107
EL CAJON, CA 92019

Phone: (619) 456-9920
Fax: (619) 456-9340

After Hours Phone: (619)
456-9920

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-7PM

INTERNAL MEDICINE

ROUEL, WADI

Provider ID: 185267

Provider Gender: Male

License Number: C55979

NPI: 1740254713

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Assyrian,
Spanish, Syriac

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

165 S 1ST ST
EL CAJON, CA 92019

Phone: (619) 269-1262

After Hours Phone: (619)
269-1262

Website: www.lamaestra.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, WADI

Provider ID: 418501

Provider Gender: Male

License Number: C55979

NPI: 1740254713

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Assyrian,
Spanish, Syriac

Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT
HOSPITAL

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5983

After Hours Phone: (619)
795-5983

Website: www.lamaestra.org

Medi-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

Provider Language(s)
Spoken: Arabic, Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

<p>INTERNAL MEDICINE</p> <p>YOON, TAE Provider ID: 418340 Provider Gender: Male License Number: C161090 NPI: 1508918178</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Korean Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST EL CAJON, CA 92020 <input type="checkbox"/> Phone: (619) 515-2498 <input type="checkbox"/> After Hours Phone: (619) 515-2498 <input type="checkbox"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8:30AM-5:30PM</p>	<p>Mandarin, Persian, Tagalog Cultural Competency: N Hospital Affiliation: RIVERSIDE COMMUNITY HOSP Board Certified Specialty: No BORREGO COMMUNITY HEALTH FOUNDTION</p> <p><input type="checkbox"/> 133 W MAIN ST STE 100 EL CAJON, CA 92020 <input type="checkbox"/> Phone: (619) 401-0404 <input type="checkbox"/> After Hours Phone: (619) 401-0404 <input type="checkbox"/> Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: SU-SA 8AM-8PM</p>	<p>HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 875 EL CAJON BLVD EL CAJON, CA 92020 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: www.syhealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>
<p>INTERNAL MEDICINE</p> <p>ZAYED, AHMAD Provider ID: 478971 Provider Gender: Male License Number: A169713 NPI: 1720500929</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Arabic, Chinese,</p>	<p>INTERVENTIONAL CARDIOLOGY</p> <p>KAFRI, HASSAN Provider ID: 569910 Provider Gender: Male License Number: A96002 NPI: 1730258401</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Arabic, French, German, Russian, Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT</p>	<p>OBSTETRICS / GYNECOLOGY</p> <p>ALIMONOS, LYSISTRATI Provider ID: 418340 Provider Gender: Female License Number: 20A14919 NPI: 1619397031</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST EL CAJON, CA 92020 <input type="checkbox"/> Phone: (619) 515-2498</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 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


BUECHNER, CHARLENE

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF


SAN DIEGO

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY


BULLOCH, EDGAR

Provider ID: 478971

Provider Gender: Male

License Number: A113241

NPI: 1508046376

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

Sharp Grossmont Hospital


Board Certified Specialty: No


BORREGO COMMUNITY

HEALTH FOUNDTION

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)
873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 418340

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF

SAN DIEGO

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498


 Website: www.fhcsd.org

Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org

Medi-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

FAMILY HEALTH CENTERS OF

SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 418340

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 418340

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

OBSTETRICS / GYNECOLOGY

HO, MYLIEN

Provider ID: 478971

Provider Gender: Female

License Number: A48215

NPI: 1851464606

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL


Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

 133 W MAIN ST STE 100
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)
873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

KHAN, ALIYA

Provider ID: 418501

Provider Gender: Female

License Number: G50634

NPI: 1285687350

Provider English Spoken: Y


Provider Language(s)
Spoken: Hindi, Urdu


Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)
795-5991

 Website: www.lamaestra.or
g


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM
SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 418340

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org


Medi-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

FAMILY HEALTH CENTERS OF

SAN DIEGO



 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

515-2498
 Website: www.fhcsd.org
Medi-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
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
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

PAPA, RHETT

Provider ID: 478971
Provider Gender: Male
License Number: 20A11733
NPI: 1063642312
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No
BORREGO COMMUNITY
HEALTH FOUNDTION
 133 W MAIN ST STE 100
EL CAJON, CA 92020
 Phone: (619) 873-8940
 After Hours Phone: (619)
873-8940
 Website: N/A
Medi-Cal Open Panel: Yes
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
FAMILY HEALTH CENTERS OF
SAN DIEGO
 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
8:30AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

OBSTETRICS / GYNECOLOGY


SAPRA, SONIA

Provider ID: 418340

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY


STABEN, REBECCA

Provider ID: 418340

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498


 Website: www.fhcsd.org

Medi-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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

OPHTHALMOLOGY

ALBORZIAN, SHERVIN

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Persian,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, SHARP
MEMORIAL HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

OPHTHALMOLOGY

JARDON, JAVIER

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:
CALIFORNIA HOSP MED CTR
LOS ANGELES, EL CENTRO
REGIONAL MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OPHTHALMOLOGY

MANI, NASRIN

Provider ID: 569910

Provider Gender: Female

License Number: A40473

NPI: 1023061314

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Faroese,
Farsi, Persian, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, SHARP
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR, SHARP CHULA
VISTA MED CTR, GROSSMONT
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄





<p>OPHTHALMOLOGY</p> <p>PAPASTERGIOU, GEORGIOS Provider ID: 569910 Provider Gender: Male License Number: A127706 NPI: 1790054393</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish</p> <p>Cultural Competency: N Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 875 EL CAJON BLVD EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 662-4100 <input type="clock"/> After Hours Phone: (619) 662-4100 <input type="globe"/> Website: www.syhealth.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</p>	<p>Provider Gender: Male License Number: A87650 NPI: 1376723759</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 875 EL CAJON BLVD EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 662-4100 <input type="clock"/> After Hours Phone: (619) 662-4100 <input type="globe"/> Website: www.syhealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p>Cultural Competency: N Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 875 EL CAJON BLVD EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 662-4100 <input type="clock"/> After Hours Phone: (619) 662-4100 <input type="globe"/> Website: www.syhealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>
<p>OPHTHALMOLOGY</p> <p>PONS, MAURICIO Provider ID: 569910</p>	<p>OPHTHALMOLOGY</p> <p>SKAF, AYHAM Provider ID: 569910 Provider Gender: Male License Number: A120584 NPI: 1285888628</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Arabic, Spanish</p>	<p>PEDIATRICS</p> <p>ADJAN, ROULA Provider ID: 185267 Provider Gender: Female License Number: A81682 NPI: 1992847263</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Arabic, French, Spanish</p> <p>Cultural Competency: N Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</p> <p><input type="checkbox"/> 165 S 1ST ST EL CAJON, CA 92019 <input type="phone"/> Phone: (619) 280-4213</p>



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 After Hours Phone: (619) 280-4213
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

ALWAHAB, AREEJ
 Provider ID: 678064
 Provider Gender: Female
 NPI: 1497138002
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Hospital Affiliation: ST BERNARDINE MED CTR, KAISER FOUNDATION HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 250 E CHASE AVE STE 110 EL CAJON, CA 92020
 Phone: (619) 399-7878
 Fax: (858) 499-5006
 After Hours Phone: (619) 399-7878
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

CONE, STEPHANIE
 Provider ID: 185267
 Provider Gender: Female
 License Number: A123929
 NPI: 1437444858
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 165 S 1ST ST EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

CONE, STEPHANIE
 Provider ID: 418501
 Provider Gender: Female
 License Number: A123929
 NPI: 1437444858
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 1032 BROADWAY EL CAJON, CA 92021
 Phone: (619) 795-5991
 After Hours Phone: (619) 795-5991
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

PEDIATRICS


FIGUEROA RODRIGUEZ, BRENDA
 Provider ID: 478971
 Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

License Number: A114674

NPI: 1134205214

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital


Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

 133 W MAIN ST STE 100
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)
873-8940


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

FLEMING, TARA

Provider ID: 418340

Provider Gender: Female

License Number: A152462


NPI: 1972965242


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org


Medi-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
RADY CHILDRENS HEALTH
NETWORK

 844 JACKMAN ST
EL CAJON, CA 92020

 Phone: (619) 442-2560

Fax: (619) 442-7836

 After Hours Phone: (619)

442-2560

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

JACKSON, DANA


Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Portuguese,
Spanish


Cultural Competency: N

Hospital Affiliation:
MARINHEALTH AND
MARINHEALTH MEDICAL
CENTER, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): Provider Gender: Female
N

 Accessibility: CONTACT PROVIDER

License Number: A110010


NPI: 1033441316


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619) 795-5983


 Website: www.lamaestra.org

Medi-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

KODSI, ALICIA

Provider ID: 418340

Provider Gender: Female


License Number: A147976


NPI: 1932514353

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619) 515-2498


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

PEDIATRICS

NAGNUR, PRITI


Provider ID: 206354

Provider Gender: Female

License Number: A170055


NPI: 1316289929


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Kannada
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619) 515-2499

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

PEDIATRICS

JONES, SETAREH

Provider ID: 418501

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*


PEDIATRICS


NAIK, SHILPA

Provider ID: 546498

Provider Gender: Female

NPI: 1902156904

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hindi*

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT

HOSPITAL, Sharp Grossmont Hospital

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 *844 JACKMAN ST*

EL CAJON, CA 92020

 *Phone: (619) 442-2560*

Fax: (619) 442-7836

 *After Hours Phone: (619) 442-2560*

 *Website: N/A*

Medi-Cal Open Panel: Yes

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 RADY CHILDRENS HEALTH NETWORK

 *844 JACKMAN ST*

EL CAJON, CA 92020

 *Phone: (619) 442-2560*

Fax: (619) 442-7836

 *After Hours Phone: (619) 442-2560*


 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


PEDIATRICS

PINTO, ANITA

Provider ID: 546215

Provider Gender: Female

NPI: 1477663722

 *Provider English Spoken: Y*

 *Provider Language(s)*

Spoken: Hindi

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND


NEWBORNS, RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 *844 JACKMAN ST*

EL CAJON, CA 92020

 *Phone: (619) 442-2560*

Fax: (619) 442-7836

 *After Hours Phone: (619) 442-2560*

 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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
LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619)
795-5991

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT

ALYAS, ALISIA

Provider ID: 185267

Provider Gender: Female

License Number: PA58466

NPI: 1437768017

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

165 S 1ST ST
EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619)
312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

ARMENTA, JORGE

Provider ID: 185267

Provider Gender: Male

License Number: PA13694

NPI: 1346382611

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

165 S 1ST ST
EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619)
312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

PHYSICIANS ASSISTANT

MERCER, KELLY

Provider ID: 185267

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

165 S 1ST ST
EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619)
312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-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
LA MAESTRA FAMILY CLINIC

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)
795-5991


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT


PATEL, SHREYA

Provider ID: 206354

Provider Gender: Female

License Number: PA18719

NPI: 1447468137


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)
515-2499


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT


ROSENBLATT, SHERILYN

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

IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100


 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

TURNER, ERIC

Provider ID: 206354

Provider Gender: Male

License Number: PA55067


NPI: 1669756128


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PROVIDER
🕒 Hours: M-F
8:30AM-5:30PM

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 525 E MAIN ST
EL CAJON, CA 92020
☎️ Phone: (619) 515-2498
🕒 After Hours Phone: (619)
515-2498

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿️ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F
8:30AM-5:30PM

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
BORREGO COMMUNITY
HEALTH FOUNDTION

📍 133 W MAIN ST STE 100
EL CAJON, CA 92020
☎️ Phone: (619) 873-8940
🕒 After Hours Phone: (619)
873-8940

🌐 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿️ Accessibility: CONTACT
PROVIDER
🕒 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
BORREGO COMMUNITY
HEALTH FOUNDTION

📍 133 W MAIN ST STE 100
EL CAJON, CA 92020
☎️ Phone: (619) 873-8940
🕒 After Hours Phone: (619)

873-8940
🌐 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿️ Accessibility: CONTACT
PROVIDER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE

Provider ID: 418340

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

DASCENZO, EMILY

Provider ID: 569910

Provider Gender: Female

License Number: PT40025

NPI: 1952982761

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

REGISTERED PHYSICAL THERAPIST

GUTIERREZ, JUSTINE

Provider ID: 418340

Provider Gender: Female

License Number: PT292482

NPI: 1851834873

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

REGISTERED PHYSICAL THERAPIST



KUIOKA, TROY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 569910
Provider Gender: Male
License Number: PT42665
NPI: 1912640053
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM




REGISTERED PHYSICAL THERAPIST




MIGNEA, DAVID
Provider ID: 418340
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2300

 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
8:30AM-5:30PM

ENCINITAS





PEDIATRICS

BRION, SONJA
Provider ID: 386639
Provider Gender: Female
NPI: 1306817317
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, RADY CHILDRENS
HOSPITAL SAN DIEGO,
SCRIPPS MEMORIAL
HOSPITAL
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 499 N EL CAMINO REAL
STE B100
ENCINITAS, CA 92024
 Phone: (760) 436-4511
Fax: (760) 436-5106
 After Hours Phone: (760)
436-4511

 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

CLEMENTINO, NANCY


Provider ID: 386643
Provider Gender: Female
NPI: 1619948619
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 499 N EL CAMINO REAL
STE B100
ENCINITAS, CA 92024
 Phone: (760) 436-4511
Fax: (760) 436-5106
 After Hours Phone: (760)
436-4511
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


PEDIATRICS

MENDENHALL, ANNA

Provider ID: 386635

Provider Gender: Female

NPI: 1639140650


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024

 *Phone: (760) 436-4511*

Fax: (760) 436-5106

 *After Hours Phone: (760) 436-4511*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


PEDIATRICS

TERRY, AMANDA

Provider ID: 386739

Provider Gender: Female

NPI: 1861770885


 *Provider English Spoken: Y*


Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024

 *Phone: (760) 436-4511*

Fax: (760) 436-5106

 *After Hours Phone: (760) 436-4511*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

PEDIATRICS

TOLBA, KAMEI

Provider ID: 386624


Provider Gender: Male


NPI: 1144221763

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024

 *Phone: (760) 436-4511*

Fax: (760) 436-5106

 *After Hours Phone: (760) 436-4511*

 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

ESCONDIDO

CERTIFIED NURSE

PRACTITIONER

CARNEY, AMY

Provider ID: 206271

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female

License Number: NP8169


NPI: 1164445227


Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900


 After Hours Phone: (760)
737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TU 8AM-5PM
W 9AM-5PM
TH-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HACINAS, REYNALDO

Provider ID: 419344

Provider Gender: Male

License Number: NP95003024


NPI: 1215304860


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
BORREGO COMMUNITY

HEALTH FOUNDTION

 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

 Phone: (760) 767-5051

 After Hours Phone: (760)
767-5051

 Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

MITCHELL, CATHY

Provider ID: 424775

Provider Gender: Female


License Number: NP4799


NPI: 1356365365

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 426 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)
690-5900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 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
IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄






 704 E GRAND AVE
ESCONDIDO, CA 92025
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR



ROBINSON, DEAN







Provider ID: 206270
Provider Gender: Male
License Number: DC12036
NPI: 1851320337
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
 After Hours Phone: (760)
520-8100
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR



ZECHA, RONALD

Provider ID: 206270
Provider Gender: Male
License Number: DC28605
NPI: 1427252121
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP



 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
 After Hours Phone: (760)
520-8100
 Website: www.ihpsocal.org
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
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


AVILA, MICHAEL

Provider ID: 206270
Provider Gender: Male
License Number: A159727
NPI: 1962936450
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
 After Hours Phone: (760)
520-8100
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Hours: M-F 8AM-5PM
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
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)
737-6900


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-W 8AM-8PM
TH-F 8AM-5PM

FAMILY PRACTICE


CASTANER, ZALYA

Provider ID: 206270

Provider Gender: Female

License Number: A139490

NPI: 1487072179


 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


COBIAN, VANESSA

Provider ID: 206271

Provider Gender: Female

License Number: A145349


NPI: 1134513039


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)
737-6900

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-W 8AM-8PM
TH-F 8AM-5PM

FAMILY PRACTICE

COX, VICTORIA

Provider ID: 588941

Provider Gender: Female

License Number: C171064


NPI: 1093087819


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

FERRAILOLO, NATALIE


Provider ID: 206270

Provider Gender: Female

License Number: A152372

NPI: 1306290143

 Provider English Spoken: Y

 Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
SA 8AM-0PM

FAMILY PRACTICE

HAMILTON, LISA MARIE
Provider ID: 652372
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

128 N BROADWAY
ESCONDIDO, CA 92025
Phone: (760) 546-2858
After Hours Phone: (760) 546-2858
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

KAUR, JATINDER

Provider ID: 206270
Provider Gender: Female
License Number: A120771
NPI: 1912141391

Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Punjabi,
Urdu

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
SA 8AM-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
IHP OF SOUTHERN CAL-PHP

728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER

Hours: M-TU 8AM-5PM
W 9AM-5PM
TH-F 8AM-5PM

FAMILY PRACTICE

MATSHE, ZENZIWE


Provider ID: 665448
Provider Gender: Female
NPI: 1285256073

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

460 N ELM ST
ESCONDIDO, CA 92025

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Phone: (760) 520-8100

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

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 8AM-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

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-0PM

FAMILY PRACTICE

PATEL, JITENBHAI

Provider ID: 206271

Provider Gender: Male

License Number: A94128


NPI: 1902921406


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760) 737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PATEL, JITENBHAI

Provider ID: 206270

Provider Gender: Male

License Number: A94128

NPI: 1902921406


 Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE






RAO, USHA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 588941
Provider Gender: Female
License Number: A148750
NPI: 1184019911

Provider English Spoken: Y
 Provider Language(s)
Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
 After Hours Phone: (760)
520-8100
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER





FAMILY PRACTICE



RODARTE, GABRIEL

Provider ID: 206266
Provider Gender: Male
License Number: A87906
NPI: 1184649212

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 425 N DATE ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8340
 After Hours Phone: (760)
520-8340
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM




FAMILY PRACTICE


SANDHU, BASANT



Provider ID: 206271
Provider Gender: Male
License Number: A140398
NPI: 1265795744

Provider English Spoken: Y
 Provider Language(s)
Spoken: German, Hindi,
Punjabi, Spanish
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025
 Phone: (760) 737-6900
 After Hours Phone: (760)
737-6900

 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-W 8AM-8PM
TH-F 8AM-5PM



FAMILY PRACTICE

SCHULTZ, JAMES

Provider ID: 206271
Provider Gender: Male
License Number: G61829
NPI: 1356376164

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

-  Provider English Spoken: Y
-  Provider Language(s)
Spoken: Farsi, Greek,
Spanish


Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
PALOMAR MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


SCHULTZ, JAMES


Provider ID: 206270

Provider Gender: Male

License Number: G61829

NPI: 1356376164

-  Provider English Spoken: Y

-  Provider Language(s)
Spoken: Farsi, Greek,
Spanish


Cultural Competency: N


Hospital Affiliation:

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
PALOMAR MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

TANTOD, KULIN


Provider ID: 206270

Provider Gender: Male

License Number: A109655

NPI: 1902058928

-  Provider English Spoken: Y


-  Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)

520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

THOMPSON, CHERYL


Provider ID: 206270

Provider Gender: Female

License Number: A102687

NPI: 1548429863

-  Provider English Spoken: Y


-  Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-0PM

FQHC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

CENTRO MEDICO

ESCONDIDO,

Provider ID: 419344

NPI: 1023349883

☐ Provider English Spoken: Y
Cultural Competency: N

BORREGO COMMUNITY

HEALTH FOUNDTION

📍 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

Fax: (858) 634-6918

🕒 After Hours Phone: (760)
871-0606

🌐 Website: N

Medi-Cal Open Panel: Yes

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

**FAMILY HEALTH CENTERS OF
SAN DIEGO**

📍 128 N BROADWAY
ESCONDIDO, CA 92025

☎ Phone: (619) 515-2474

🕒 After Hours Phone: (619)
515-2474

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

FQHC

NEIGHBORHOOD

HEALTHCARE ESCONDIDO,

Provider ID: 206270

NPI: 1598703647

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 460 N ELM ST
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

Fax: (360) 466-2745

🕒 After Hours Phone: (760)
520-8100

🌐 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD

HEALTHCARE PEDIATRICS AND PRENATAL,

Provider ID: 424775

NPI: 1437335353

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 426 N DATE ST
ESCONDIDO, CA 92025

☎ Phone: (760) 690-5900

Fax: (360) 462-2747

🕒 After Hours Phone: (760)
690-5900

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD

HEALTHCARE PEDS AND PRENATAL,

Provider ID: 206266

NPI: 1265618185

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 425 N DATE ST
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8340

Fax: (360) 462-2752

🕒 After Hours Phone: (760)
520-8340

🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Min/Max Age: 0\21

American Sign Language (ASL): NPI: 1801438239

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,


Provider ID: 206271

NPI: 1720264641

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

Fax: (360) 462-2748


 After Hours Phone: (760)
737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM
W 9AM-5PM
TH-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,


Provider ID: 588941

NPI: 1801438239


 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

Fax: (760) 745-7847

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE



AGUERO, AMETHYST

Provider ID: 652372

Provider Gender: Female

License Number: 20A19473

NPI: 1568021913


 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 128 N BROADWAY
ESCONDIDO, CA 92025

 Phone: (760) 546-2858

 After Hours Phone: (760)
546-2858

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

CARRERA, JORGE

Provider ID: 588941

Provider Gender: Male

License Number: G58033

NPI: 1184728586

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

INTERNAL MEDICINE

CHEN, MARGARET

Provider ID: 235296

Provider Gender: Female

NPI: 1659305084


Provider English Spoken: Y

Provider Language(s)
Spoken: Greek, Spanish

Cultural Competency: N

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (360) 462-2745

 After Hours Phone: (760)
520-8100


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-0PM

INTERNAL MEDICINE

CHEN, MARGARET

Provider ID: 206270

Provider Gender: Female

License Number: A61751

NPI: 1659305084


Provider English Spoken: Y


Provider Language(s)
Spoken: Greek, Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-0PM

INTERNAL MEDICINE

VETTICADEN, SANTOSH

Provider ID: 206270

Provider Gender: Male


License Number: C53062


NPI: 1679102461

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-0PM

PEDIATRICS

AGUILAR, EDITA

Provider ID: 424775

Provider Gender: Female

License Number: A56054

NPI: 1467407411


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 426 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 690-5900


 After Hours Phone: (760)
690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

AGUILAR, EDITA

Provider ID: 206266

Provider Gender: Female





License Number: A56054


NPI: 1467407411

Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




C. 初級保健名錄






 *Provider Language(s)*
Spoken: Spanish, Tagalog
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 425 N DATE ST
 ESCONDIDO, CA 92025
 *Phone: (760) 520-8340*
 *After Hours Phone: (760) 520-8340*
 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21

American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*

PEDIATRICS






ALDANA, NANCY

Provider ID: 424775
Provider Gender: Female
License Number: A62467
NPI: 1558371963
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 426 N DATE ST
 ESCONDIDO, CA 92025

 *Phone: (760) 520-8340*
 *After Hours Phone: (760) 520-8340*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

PEDIATRICS

CHOW, BYRON









Provider ID: 206270
Provider Gender: Male
License Number: A78116
NPI: 1619907607
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 460 N ELM ST
 ESCONDIDO, CA 92025
 *Phone: (760) 520-8100*
 *After Hours Phone: (760) 520-8100*
 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS

COHEN, CARA

Provider ID: 661879
Provider Gender: Female
NPI: 1215021274
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 625 CITRACADO PKWY STE 100
 ESCONDIDO, CA 92025
 *Phone: (760) 746-2641*
Fax: (760) 740-2178
 *After Hours Phone: (760) 746-2641*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p style="text-align: center;"><u>PEDIATRICS</u></p> <p>COULLAHAN, JESSICA Provider ID: 661887 Provider Gender: Female NPI: 1750579108</p> <p> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 625 CITRACADO PKWY STE 100 ESCONDIDO, CA 92025 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</p>	<p>NPI: 1841561107</p> <p> Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 460 N ELM ST ESCONDIDO, CA 92025 Phone: (760) 520-8100 After Hours Phone: (760) 520-8100 Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER</p>	<p>IHP OF SOUTHERN CAL-PHP</p> <p> 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</p>
<p style="text-align: center;"><u>PEDIATRICS</u></p> <p>CURET, ZULMA Provider ID: 206270 Provider Gender: Female License Number: A119661</p>	<p style="text-align: center;"><u>PEDIATRICS</u></p> <p>DOSHI, NEELIMA Provider ID: 424775 Provider Gender: Female License Number: A67626 NPI: 1417921578</p> <p> Provider English Spoken: Y Provider Language(s) Spoken: Hindi, Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Board Certified Specialty: No</p>	<p style="text-align: center;"><u>PEDIATRICS</u></p> <p>DOSHI, NEELIMA Provider ID: 640252 Provider Gender: Female NPI: 1417921578</p> <p> Provider English Spoken: Y Provider Language(s) Spoken: Hindi, Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Board Certified Specialty: No COMMUNITY CARE IPA LLC</p> <p> 426 N DATE ST ESCONDIDO, CA 92025 Phone: (760) 520-8340 Fax: (360) 462-2752 After Hours Phone: (760) 520-8340 Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\18</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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
BORREGO COMMUNITY HEALTH FOUNDTION

 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

 After Hours Phone: (760) 871-0606

 Website: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-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
BORREGO COMMUNITY HEALTH FOUNDTION

 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

 After Hours Phone: (760) 871-0606

 Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

SONG, JOYCE

Provider ID: 661892


Provider Gender: Female

NPI: 1417510694


 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

 Phone: (760) 746-2641

Fax: (760) 740-2178

 After Hours Phone: (760) 746-2641

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

STRAZICICH, KARLA

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP



 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

520-8100
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS







TELLECHEA-SANCHEZ, SELMIRA

Provider ID: 424775
 Provider Gender: Female
 License Number: G83438
 NPI: 1730288747
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 426 N DATE ST
 ESCONDIDO, CA 92025
 Phone: (760) 690-5900
 After Hours Phone: (760)
 690-5900
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\21
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

THIRUNAGARI, HARRSHA

Provider ID: 419344
 Provider Gender: Female
 License Number: A64928
 NPI: 1447472212
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi, Spanish,
 Telugu
 Cultural Competency: N
 Hospital Affiliation: EL
 CENTRO REGIONAL MEDICAL
 CENTER, RIVERSIDE
 COMMUNITY HOSP, Parkview
 Community Hospital Medical
 Center
 Board Certified Specialty: No
 BORREGO COMMUNITY
 HEALTH FOUNDTION

 1121 E WASHINGTON AVE
 ESCONDIDO, CA 92025
 Phone: (760) 871-0606
 After Hours Phone: (760)
 871-0606
 Website: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: SU 8AM-0PM
 M-F 8AM-8PM
 SA 8AM-0PM

PEDIATRICS

ZAND, FARIBA

Provider ID: 87737

Provider Gender: Female
 NPI: 1356373674
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Persian,
 Spanish
 Cultural Competency: N
 Hospital Affiliation: MERCY
 GENERAL HOSPITAL, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY
 HOSPITAL, SCRIPPS MERCY
 HOSPITAL CHULA VISTA,
 UCSD MEDICAL CTR
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 240 W MISSION AVE STE A
 ESCONDIDO, CA 92025
 Phone: (760) 747-5400
 Fax: (760) 747-2286
 After Hours Phone: (760)
 747-5400
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

BAISLEY, SHAWN

Provider ID: 588941
 Provider Gender: Male
 License Number: PA52347

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。


C. 初級保健名錄


NPI: 1376936120

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
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
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FALLBROOK

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH


Provider ID: 624122

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH


Provider ID: 624122

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

 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

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH

Provider ID: 624122

Provider Gender: Female

License Number: NP95025094



NPI: 1942952767

Provider English Spoken: Y

Provider Language(s)
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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

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
IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
 After Hours Phone: (760)
723-6200

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: 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
IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
 After Hours Phone: (760)
723-6200

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 624122


Provider Gender: Female

License Number: NP95003447

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1245695006

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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

CERTIFIED NURSE **PRACTITIONER**


RACKHAM, KELLY

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST

FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)
723-6200

 Website: www.vistacommunityclinic.org

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


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)
723-6200

 Website: www.vistacommunityclinic.org

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


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)
723-6200

 Website: www.vistacommunityclinic.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p style="text-align: center;">FQHC</p> <p>FALLBROOK FAMILY HLTH CTR, Provider ID: 183910 NPI: 1982756086 Provider English Spoken: Y Cultural Competency: N IHP OF SOUTHERN CAL-PHP 1328 S MISSION RD FALLBROOK, CA 92028 Phone: (760) 451-4720 Fax: (760) 451-4700 After Hours Phone: (760) 451-4720 Website: 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-5PM</p>	<p>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</p>	<p> Provider English Spoken: Y Cultural Competency: N IHP OF SOUTHERN CAL-PHP 321 E ALVARADO ST FALLBROOK, CA 92028 Phone: (760) 723-6200 After Hours Phone: (760) 723-6200 Website: www.vistacommunityclinic.org</p>
<p style="text-align: center;">FQHC</p> <p>VISTA COMMUNITY CLINIC, Provider ID: 624122 NPI: 1316501562 Provider English Spoken: Y Cultural Competency: N IHP OF SOUTHERN CAL-PHP 321 E ALVARADO ST FALLBROOK, CA 92028 Phone: (760) 723-6200 After Hours Phone: (760) 723-6200 Website: www.vistacommunityclinic.org</p>	<p style="text-align: center;">FQHC</p> <p>VISTA COMMUNITY CLINIC, Provider ID: 624122 NPI: 1649662719 Provider English Spoken: Y Cultural Competency: N IHP OF SOUTHERN CAL-PHP 321 E ALVARADO ST FALLBROOK, CA 92028 Phone: (760) 723-6200 After Hours Phone: (760) 723-6200 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</p>	<p style="text-align: center;">PEDIATRICS</p> <p>DELRE, 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 RADY CHILDRENS HEALTH NETWORK 1107 S MISSION RD FALLBROOK, CA 92028 Phone: (760) 451-0070 Fax: (760) 451-1499</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

☎ *After Hours Phone: (760) 451-0070*

🌐 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

PEDIATRICS

ROBINSON, DAISY

Provider ID: 230579

Provider Gender: Female

NPI: 1659389740

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

📍 *321 E ALVARADO ST FALLBROOK, CA 92028*

☎ *Phone: (760) 723-6200*

Fax: (760) 414-3892

☎ *After Hours Phone: (760) 723-6200*

🌐 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-TH 8AM-4PM*

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

IHP OF SOUTHERN CAL-PHP

📍 *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

IHP OF SOUTHERN CAL-PHP

📍 *949 PALM AVE IMPERIAL BEACH, CA 91932*

☎ *Phone: (619) 429-3733*

☎ *After Hours Phone: (619) 429-3733*

🌐 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-TH 8:30AM-9PM F 8:30AM-5PM SA 8:30AM-2PM*

FQHC

IMPERIAL BEACH HEALTH CENTER,

Provider ID: 179678

NPI: 1790718351

☑ *Provider English Spoken: Y*

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 *949 PALM AVE IMPERIAL BEACH, CA 91932*

☎ *Phone: (619) 429-3733*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

RYAN, DANA

Provider ID: 179678

Provider Gender: Female

License Number: A66830

NPI: 1780609990

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 949 PALM AVE
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

PEDIATRICS

DOKICH, SRETENKA

Provider ID: 179678

Provider Gender: Female

License Number: A51447

NPI: 1154409035

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Serbian, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 949 PALM AVE
IMPERIAL BEACH, CA
91932

☎ Phone: (619) 429-3733

☎ After Hours Phone: (619) 429-3733

🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

JULIAN

CLINIC OUTPATIENT

SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE,

Provider ID: 664467

NPI: 1235804139

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 2721 WASHINGTON ST
JULIAN, CA 92036

☎ Phone: (619) 662-4100

Fax: (619) 662-4196

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

FAMILY PRACTICE

WYLIE, BLAKE

Provider ID: 664467

Provider Gender: Male

License Number: 20A11088

NPI: 1922314145

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 2721 WASHINGTON ST
JULIAN, CA 92036

☎ Phone: (619) 662-4100

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE,


Provider ID: 664467

NPI: 1235804139

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 2721 WASHINGTON ST
JULIAN, CA 92036

 Phone: (619) 662-4100

Fax: (619) 662-4196


 After Hours Phone: (619)
662-4100


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

LA JOLLA

PEDIATRICS

GAINOR, GRETCHEN


Provider ID: 537752


Provider Gender: Female

NPI: 1174504757

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7300 GIRARD AVE STE 106
LA JOLLA, CA 92037

 Phone: (858) 459-4351

Fax: (858) 459-4399

 After Hours Phone: (858)
459-4351


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-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
RADY CHILDRENS HEALTH
NETWORK

 4150 REGENTS PARK ROW
STE 355

LA JOLLA, CA 92037

 Phone: (858) 457-2043

Fax: (858) 457-2092

 After Hours Phone: (858)
457-2043

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

HUNTER, WENDY

Provider ID: 377597

Provider Gender: Female


NPI: 1053515551

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7300 GIRARD AVE STE 106
LA JOLLA, CA 92037

 Phone: (858) 459-4351

Fax: (858) 459-4399

 After Hours Phone: (858)
459-4351

 Website: N/A

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

PARSONS, GENEVIEVE

Provider ID: 24122

Provider Gender: Female

NPI: 1699700914

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7300 GIRARD AVE STE 106
LA JOLLA, CA 92037

 Phone: (858) 459-4351

Fax: (858) 459-4399


 After Hours Phone: (858)
459-4351


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

ROBERTS, KENDALL

Provider ID: 48933

Provider Gender: Male

NPI: 1265762033


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 4150 REGENTS PARK ROW
STE 355

LA JOLLA, CA 92037

 Phone: (858) 457-2043

Fax: (858) 457-2092

 After Hours Phone: (858)
457-2043

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

TUNG, VIVIAN

Provider ID: 11291


Provider Gender: Female


NPI: 1285665133

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7300 GIRARD AVE STE 106
LA JOLLA, CA 92037

 Phone: (858) 459-4351

Fax: (858) 459-4399

 After Hours Phone: (858)
459-4351


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

LA MESA

CERTIFIED NURSE

PRACTITIONER

WARD, KATHERINE

Provider ID: 613881

Provider Gender: Female

NPI: 1477223576

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

RADY CHILDRENS HEALTH NETWORK

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

CERTIFIED NURSE PRACTITIONER

WARD, KATHERINE

Provider ID: 613887

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

8881 FLETCHER PKWY STE 205
LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

CERTIFIED NURSE PRACTITIONER

WARD, KATHERINE

Provider ID: 480827

Provider Gender: Female

License Number: NP95017921

NPI: 1477223576

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

BORREGO COMMUNITY HEALTH FOUNDTION

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942

Phone: (616) 464-6434

After Hours Phone: (616) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE I
LA MESA, CA 91942

Phone: (619) 698-0606
Fax: (619) 332-5149

After Hours Phone: (619) 698-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5:30PM

FQHC

LA MESA PEDIATRICS,

Provider ID: 480827

NPI: 1033759311

Provider English Spoken: Y
Cultural Competency: N

BORREGO COMMUNITY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

HEALTH FOUNDTION

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

BULLOCH, EDGAR

Provider ID: 480827

Provider Gender: Male

License Number: A113241

NPI: 1508046376

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

Sharp Grossmont Hospital

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

PAPA, RHETT

Provider ID: 480827

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

PEDIATRICS

ALSHEIKH, HUDA

Provider ID: 435468

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TU 7:30AM-6PM
W-F 7:30AM-6:30PM
SA 8:30AM-5PM

PEDIATRICS

ALSHEIKH, HUDA









Provider ID: 451191

Provider Gender: Female

NPI: 1487746855



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






C. 初級保健名錄

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Arabic*
Cultural Competency: N
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 8881 FLETCHER PKWY STE 205
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
Fax: (619) 464-5109
 *After Hours Phone: (619) 464-6434*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-TU 7:30AM-6PM
W-F 7:30AM-6:30PM
SA 8:30AM-5PM*

PEDIATRICS





ALSHEIKH, HUDA




Provider ID: 480827
Provider Gender: Female
License Number: C133872
NPI: 1487746855
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Arabic*
Cultural Competency: N
Board Certified Specialty: No
BORREGO COMMUNITY HEALTH FOUNDTION

 8881 FLETCHER PKWY STE 200
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
 *After Hours Phone: (619) 464-6434*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

PEDIATRICS




CLAY, CORRIE

Provider ID: 536652
Provider Gender: Female
NPI: 1437207750
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 8881 FLETCHER PKWY STE 200
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
Fax: (619) 464-5109
 *After Hours Phone: (619) 464-6434*

 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM*

PEDIATRICS

EMPIE, KRISTEN

Provider ID: 648986
Provider Gender: Female
NPI: 1093343105
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 8881 FLETCHER PKWY STE 200
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
Fax: (619) 464-5109
 *After Hours Phone: (619) 464-6434*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM*

PEDIATRICS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

EMPIE, KRISTEN

Provider ID: 648987

Provider Gender: Female


NPI: 1093343105

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8881 FLETCHER PKWY STE
205

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)
464-6434

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

PEDIATRICS

GIANFORTUNE, RACHEL

Provider ID: 433091

Provider Gender: Female

NPI: 1912193301

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)
464-6434

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

GIANFORTUNE, RACHEL

Provider ID: 450501

Provider Gender: Female

NPI: 1912193301

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL

HOSPITAL, GROSSMONT


HOSPITAL


Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 8881 FLETCHER PKWY STE
205

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)
464-6434

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

IMUS, PAUL

Provider ID: 239590

Provider Gender: Male

NPI: 1104116680

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MARY BIRCH

HOSP FOR WOMEN AND

NEWBORNS, GROSSMONT

HOSPITAL


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

 Phone: (619) 401-0404

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Fax: (619) 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 RADY CHILDRENS HEALTH NETWORK

📍 8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

☎ Phone: (619) 401-0404

Fax: (619) 401-0522

☎ After Hours Phone: (619) 401-0404

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

MOLINOS, NICOLE

Provider ID: 538098

Provider Gender: Female

NPI: 1538685524

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: Yes RADY CHILDRENS HEALTH NETWORK

📍 6942 UNIVERSITY AVE STE A

LA MESA, CA 91942

☎ Phone: (619) 698-2184

Fax: (619) 698-2084

☎ After Hours Phone: (619) 698-2184

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

PEDIATRICS

RONQUILLO, RINA

Provider ID: 377359

Provider Gender: Female

NPI: 1407047749

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

☎ Phone: (619) 464-6434

Fax: (619) 464-5109

☎ After Hours Phone: (619) 464-6434

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

PEDIATRICS

SHORT, RICHARD

Provider ID: 60736

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Male

NPI: 1568552727

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
RADY CHILDRENS HOSPITAL
SAN DIEGO, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

LAKESIDE

CHIROPRACTOR

PAGE, BIANCA

Provider ID: 353843

Provider Gender: Female

License Number: DC33688

NPI: 1649787607

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

10039 VINE ST
LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858)
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FAMILY PRACTICE

FERRAILOLO, NATALIE

Provider ID: 353843

Provider Gender: Female

License Number: A152372

NPI: 1306290143

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

10039 VINE ST
LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858)

218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FAMILY PRACTICE

GUNPAT, JOSHUA

Provider ID: 673860

Provider Gender: Male

NPI: 1114458775

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

10039 VINE ST
LAKESIDE, CA 92040

Phone: (619) 390-9975

Fax: (360) 462-2744

After Hours Phone: (619)
390-9975

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

LIU-BARBARO, DOROTHY

Provider ID: 353843

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female

License Number: A115342

NPI: 1851602270

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin,
Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

10039 VINE ST
LAKESIDE, CA 92040

Phone: (619) 440-2751

After Hours Phone: (619)
440-2751

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD

HEALTHCARE LAKESIDE,

Provider ID: 353843

NPI: 1932384120

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

10039 VINE ST
LAKESIDE, CA 92040

Phone: (858) 218-3000

Fax: (360) 462-2744

After Hours Phone: (858)
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

GENERAL PRACTICE

MANNINO, ELIZABETH

Provider ID: 353843

Provider Gender: Female

License Number: A43914

NPI: 1548290463

Provider English Spoken: Y

Provider Language(s)
Spoken: Italian, Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

10039 VINE ST
LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858)
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MCFARLAND, NATHAN

Provider ID: 353843

Provider Gender: Male

License Number: A75411

NPI: 1265462196

Provider English Spoken: Y

Provider Language(s)
Spoken: Italian, Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

10039 VINE ST
LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858)
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

LEMON GROVE

CERTIFIED NURSE

PRACTITIONER

ALLEN, KATHERINE

Provider ID: 419139

Provider Gender: Female

License Number: NP95009933

NPI: 1831557024

Provider English Spoken: Y

Cultural Competency: N




Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945
 Phone: (619) 515-2550
 After Hours Phone: (619)
515-2550


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

CERTIFIED NURSE PRACTITIONER


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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

CERTIFIED NURSE PRACTITIONER


SMITH, SHARON

Provider ID: 419139

Provider Gender: Female

License Number: RN428876

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

SMITH, SHARON

Provider ID: 419139

Provider Gender: Female

License Number: NP15444

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

TOTH, JESSICA

Provider ID: 419139

Provider Gender: Female

License Number: NP95001050

NPI: 1578993788


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO


 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


WILLIAMS, TAKISHA

Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


DORN, TIA

Provider ID: 419139

Provider Gender: Female

License Number: C172318

NPI: 1285074740


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

FAMILY PRACTICE


KIM, YUHEE

Provider ID: 419139

Provider Gender: Female

License Number: A107323

NPI: 1629289400

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Korean


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FQHC

LEMON GROVE FAMILY HEALTH CENTER,


Provider ID: 419139

NPI: 1427282466

 Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

Fax: (619) 825-9577

 After Hours Phone: (619)
515-2550


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

INTERNAL MEDICINE

GALLARES, DANIEL

Provider ID: 419139

Provider Gender: Male

License Number: A165925

NPI: 1245689488

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

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
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY


CARTER, KHALIL

Provider ID: 419139

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI


CITY MEDICAL CTR

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 *7592 BROADWAY LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM*

OBSTETRICS / GYNECOLOGY


CHAKRABARTI, PRIYA

Provider ID: 419139

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 *7592 BROADWAY LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

OBSTETRICS / GYNECOLOGY


DE MIK, TRAVIS

Provider ID: 419139

Provider Gender: Male

License Number: A108228

NPI: 1629277322


 *Provider English Spoken: Y*


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 *7592 BROADWAY LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 419139

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 *7592 BROADWAY LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,
GROSSMONT HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 419139

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。







C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 7592 BROADWAY
LEMON GROVE, CA 91945
 Phone: (619) 515-2550
 After Hours Phone: (619)
515-2550
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER

OBSTETRICS / GYNECOLOGY



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
FAMILY HEALTH CENTERS OF
SAN DIEGO
 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
NPI: 1952751711
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 7592 BROADWAY
LEMON GROVE, CA 91945
 Phone: (619) 515-2550

 *After Hours Phone: (619)*
515-2550
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 9AM-5PM*

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 419139
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 7592 BROADWAY
LEMON GROVE, CA 91945
 Phone: (619) 515-2550
 After Hours Phone: (619)
515-2550
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 9AM-5PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

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

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP
AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

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

Provider ID: 419139

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

Provider English Spoken: Y

Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND

MARINHEALTH MEDICAL

CENTER, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO





 7592 BROADWAY
 LEMON GROVE, CA 91945
 *Phone: (619) 515-2550*
 *After Hours Phone: (619) 515-2550*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

FLEMING, DAVID

Provider ID: 419139
Provider Gender: Male
License Number: PA12416
NPI: 1932329505
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY
 LEMON GROVE, CA 91945
 *Phone: (619) 515-2550*
 *After Hours Phone: (619) 515-2550*
 *Website: N/A*
Medi-Cal Open Panel: Yes



Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*




NATIONAL CITY



CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO

Provider ID: 417102
Provider Gender: Male
License Number: NP22974
NPI: 1356684781

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Tagalog*
Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN

 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-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
OPERATION SAMAHAN



 2101 GRANGER 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-F 8AM-5PM*

CERTIFIED NURSE PRACTITIONER

DHARKAR-SURBER, SAPNA

Provider ID: 185270
Provider Gender: Female
License Number: NP95013257
NPI: 1538707765

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Marathi, Spanish*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

Fax: (619) 434-7310

After Hours Phone: (619)
434-7308

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA

Provider ID: 418302

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

2101 GRANGER AVE
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA

Provider ID: 417102

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

Hours: M-TH 8AM-6PM
F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

1000 EUCLID AVE
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

After Hours Phone: (619)
515-2399

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

NEVAREZ, IRENE

Provider ID: 185270

Provider Gender: Female


License Number: NP95009891

NPI: 1003166646

Provider English Spoken: Y



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950

 *Phone: (619) 564-8765*
 *After Hours Phone: (619)*
564-8765

 *Website: www.lamaestra.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

CERTIFIED NURSE **PRACTITIONER**


OCHOA, ERLINDA

Provider ID: 185270

Provider Gender: Female

License Number: NP4430

NPI: 1346437464

 *Provider English Spoken: Y*


 *Provider Language(s)*
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 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*

CERTIFIED NURSE **PRACTITIONER**


REAL, MARIA


Provider ID: 185270

Provider Gender: Female

License Number: NP17328

NPI: 1548450471

 *Provider English Spoken: Y*

 *Provider Language(s)*
Spoken: Catalan, German,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950

 *Phone: (619) 434-7308*

 *After Hours Phone: (619)*
434-7308

 *Website: www.lamaestra.org*


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
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950

 *Phone: (619) 434-7308*

 *After Hours Phone: (619)*
434-7308


 *Website: www.lamaestra.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5:30PM*

CERTIFIED NURSE **PRACTITIONER**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

VERDUZCO GONZALEZ, AURORA

Provider ID: 185270

Provider Gender: Female

License Number: NP95001961

NPI: 1932452323

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308


 After Hours Phone: (619)
434-7308


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

VILLANUEVA DE GUTIE, BERENICE

Provider ID: 185270

Provider Gender: Female

License Number: NP95002188


NPI: 1952795536


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)
434-7308


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

WILLIAMS, BREAUNA

Provider ID: 185270

Provider Gender: Female

License Number: NP95001840

NPI: 1063884864

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)
434-7308


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5:30PM

CHIROPRACTOR

HOURIHAN, KEITH

Provider ID: 185270

Provider Gender: Male

License Number: DC29314

NPI: 1306916994

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 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: TH 8AM-2PM

FAMILY PRACTICE


ALGHAMDI, ASMA




Provider ID: 227418


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female
License Number: A167529
NPI: 1316310840

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1000 EUCLID AVE

NATIONAL CITY, CA 91950
 Phone: (619) 515-2399
 After Hours Phone: (619)
515-2399

 Website: www.fhcsd.org



Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER




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
OPERATION SAMAHAN

 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
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: CHULA
VISTA COMM HOSP
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

License Number: A74854
 NPI: 1275682528
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Tagalog
 Cultural Competency: N
 Hospital Affiliation: PARADISE
 VALLEY HOSPITAL
 Board Certified Specialty: No
 OPERATION SAMAHAN
 2743 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 Phone: (844) 200-2426
 After Hours Phone: (844)
 200-2426
 Website: www.operationsa
 mahan.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-TH 8AM-6PM
 F 8AM-5PM

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
 IHP OF SOUTHERN CAL-PHP
 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: syhealth.org/clinic
 s/national- city- family- cli
 nic- 1
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 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
 IHP OF SOUTHERN CAL-PHP
 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 Fax: (619) 474-3722
 After Hours Phone: (619)



662-4100
 Website: syhealth.org/clinic
 s/national- city- family- cli
 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
 IHP OF SOUTHERN CAL-PHP
 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 Fax: (619) 336-2323
 After Hours Phone: (619)
 662-4100
 Website: syhealth.org/clinic
 s/national- city- family- cli
 nic- 1
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄



American Sign Language (ASL): *Provider Gender: Female*
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
FAMILY HEALTH CENTERS OF SAN DIEGO
 1000 EUCLID AVE
 NATIONAL CITY, CA 91950
 *Phone: (619) 515-2399*
 *After Hours Phone: (619) 515-2399*
 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None



American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M 8:30AM-3:30PM*
TU 10:30AM-5:30PM
W 8:30AM-3:30PM
TH 10:30AM-5:30PM
F 8:30AM-3:30PM





FAMILY PRACTICE

LAW, KAREN

Provider ID: 227418

License Number: A138534
NPI: 1205253150
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A
 NATIONAL CITY, CA 91950
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: syhealth.org/clinics/paradise-hills-family-clinic*



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
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A
 NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/paradise-hills-family-clinic*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None



American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

MEDINA, ALEXANDER

Provider ID: 361428
Provider Gender: Male
License Number: A133539
NPI: 1467714436





 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 330 E 8TH ST
 NATIONAL CITY, CA 91950









請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Phone: (619) 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

MOHAMEDI, NADIA

Provider ID: 227418
Provider Gender: Female
License Number: A146819
NPI: 1477947364
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/paradise-hills-family-clinic
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM



FAMILY PRACTICE


NAVARRO, VANESSA MARIA


Provider ID: 227418
Provider Gender: Female
License Number: A113624
NPI: 1952563421
 Provider English Spoken: Y
 Provider Language(s) Spoken: Filipino, Spanish, Tagalog

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
Fax: (619) 259-2807

 After Hours Phone: (619) 662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


NIKZAD, JASON

Provider ID: 361428

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

 Provider English Spoken: Y


 Provider Language(s) Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 330 E 8TH ST
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NOLASCO, JOANNA

Provider ID: 227412

Provider Gender: Female

License Number: A138919

NPI: 1154749315

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP






 1136 D AVE


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄








NATIONAL CITY, CA 91950 N
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/national-city-family-clinic-1
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

OCEGUEDA, JOSHUA
 Provider ID: 227412
 Provider Gender: Male
 License Number: A165184
 NPI: 1336643345
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/national-city-family-clinic-1
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):








N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE



RICHARDSON, DANIELLE
 Provider ID: 227418
 Provider Gender: Female
 License Number: A127555
 NPI: 1609142892
 Provider English Spoken: Y
 Provider Language(s) Spoken: French, Portuguese, Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 2400 E 8TH ST STE A
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/paradise-hills-family-clinic
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

ROBERTS, POMAI

Provider ID: 227412
 Provider Gender: Female
 License Number: A103218
 NPI: 1023278314
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/national-city-family-clinic-1
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 434-7308
 After Hours Phone: (619) 434-7308
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SNOOK, BRIAN
 Provider ID: 227418
 Provider Gender: Male
 License Number: 20A11518
 NPI: 1295977353
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 2400 E 8TH ST STE A
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 Fax: (619) 259-2806
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

STONES, RACHEL
 Provider ID: 185270
 Provider Gender: Female
 License Number: A167184
 NPI: 1720583040
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 280-4213
 After Hours Phone: (619) 280-4213
 Website: www.lamaestra.org
 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
 IHP OF SOUTHERN CAL-PHP
 2400 E 8TH ST STE A
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 Fax: (619) 259-2807
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/paradise-hills-family-clinic
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FQHC

FAMILY HEALTH CTR SD NATIONAL CITY,
 Provider ID: 418930
 NPI: 1417409228
 Provider English Spoken: Y
 Cultural Competency: N
 FAMILY HEALTH CENTERS OF SAN DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
Fax: (619) 269-0053
After Hours Phone: (619)
515-2399

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: 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

LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

Fax: (619) 434-7310

After Hours Phone: (619)
434-7308

Website: www.lamaestra.org

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

OPERATION SAMAHAN

2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 474-3919

After Hours Phone: (844)
200-2426

Website: www.operationsamahan.org

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

OPERATION SAMAHAN

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH NATIONAL CITY,

Provider ID: 227412

NPI: 1003869363

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 474-3722

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/national-city-family-clinic-1

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH

PARADISE HILLS,


Provider ID: 227418

NPI: 1598907487

 Provider English Spoken: Y
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SOUTH BAY,


Provider ID: 361428

NPI: 1851757215

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 330 E 8TH ST
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 434-3514


 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org
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
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)
434-7308


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE


BRAVERMAN, IRA

Provider ID: 10635

Provider Gender: Male

NPI: 1124039755

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog


Cultural Competency: N

Hospital Affiliation: PARADISE
VALLEY HOSPITAL


Board Certified Specialty: Yes
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950

 Phone: (619) 267-8181

Fax: (619) 479-6750

 After Hours Phone: (619)
267-8181


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

INTERNAL MEDICINE

HEKMAT, RAZI
 Provider ID: 78388
 Provider Gender: Male
 NPI: 1871501205

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: PARADISE VALLEY HOSPITAL
 Board Certified Specialty: No
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD





 610 EUCLID AVE STE 201
 NATIONAL CITY, CA 91950
 Phone: (619) 267-8181
 Fax: (619) 479-6750
 After Hours Phone: (619) 267-8181
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9AM-5PM

INTERNAL MEDICINE

LAMANTIA, MICHELE
 Provider ID: 361428
 Provider Gender: Female
 License Number: G71855
 NPI: 1124176102

Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP


 330 E 8TH ST
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

LAMANTIA, MICHELE
 Provider ID: 227412
 Provider Gender: Female
 License Number: G71855
 NPI: 1124176102

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP


 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinic/s/national-city-family-clinic-1
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

ROUEL, WADI
 Provider ID: 185270
 Provider Gender: Male
 License Number: C55979
 NPI: 1740254713

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, Assyrian, Spanish, Syriac
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

🕒 Hours: M-F 8AM-5:30PM

NEUROLOGY

CANTU-REYNA, GUILLERMO

Provider ID: 185270

Provider Gender: Male

License Number: A41375

NPI: 1447389101

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

📍 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

☎ Phone: (619) 798-3977

🕒 After Hours Phone: (619)
798-3977

🌐 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

ASLIAN, AZITA

Provider ID: 227418

Provider Gender: Female

License Number: A118227

NPI: 1851667661

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Faroese, 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
IHP OF SOUTHERN CAL-PHP

📍 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)
662-4100

🌐 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

PEDIATRICS

BAILONY, MOHAMMED

Provider ID: 30132

Provider Gender: Male

NPI: 1376625913

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,
PARADISE VALLEY HOSPITAL,

SHARP CHULA VISTA MED

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH

NETWORK

📍 655 EUCLID AVE STE 205
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-1945

Fax: (619) 475-5048

🕒 After Hours Phone: (619)
470-1945

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 9AM-5PM

PEDIATRICS

BAILONY, AHMAD

Provider ID: 146949

Provider Gender: Male

NPI: 1790914422

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PARADISE VALLEY HOSPITAL,
SHARP CHULA VISTA MED
CTR, SHARP MEMORIAL
HOSPITAL

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

655 EUCLID AVE STE 205
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619)
470-1945

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

BARBADILLO, TERESITA

Provider ID: 84258

Provider Gender: Female

NPI: 1952416695

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE
VALLEY HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

655 EUCLID AVE STE 201

NATIONAL CITY, CA 91950

Phone: (619) 267-8601

Fax: (619) 267-2242

After Hours Phone: (619)
267-8601

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

BONSU, BEMA

Provider ID: 227412

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinic
s/national- city- family- cli
nic- 1

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

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
LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)
434-7308

Website: www.lamaestra.or
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

<p style="text-align: center;">PEDIATRICS</p> <p>DAY, CHRISTOPHER Provider ID: 418930 Provider Gender: Male License Number: A163862 NPI: 1184121253</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1000 EUCLID AVE NATIONAL CITY, CA 91950 Phone: (619) 515-2399 After Hours Phone: (619) 515-2399 Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER 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</p>	<p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: N Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 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</p>	<p>DIEGO Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 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</p>
<p style="text-align: center;">PEDIATRICS</p> <p>FRESNO, BLANCA Provider ID: 102433 Provider Gender: Female NPI: 1346258787</p>	<p style="text-align: center;">PEDIATRICS</p> <p>GARCIA, RAFAEL Provider ID: 84954 Provider Gender: Male NPI: 1053414086</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: N Hospital Affiliation: SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN</p>	<p style="text-align: center;">PEDIATRICS</p> <p>RANA, DEBORAH Provider ID: 227418 Provider Gender: Female License Number: G88347 NPI: 1033191457</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, CHULA VISTA COMM HOSP Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 2400 E 8TH ST STE A NATIONAL CITY, CA 91950 Phone: (619) 662-4100</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


 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


PEDIATRICS


UY, CARMELITA

Provider ID: 424443

Provider Gender: Female

NPI: 1154431484

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL


CHULA VISTA

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 2340 E 8TH ST STE E
NATIONAL CITY, CA 91950

 Phone: (619) 216-8500

Fax: (619) 216-8511

 After Hours Phone: (619) 216-8511


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS


VALENCIA, MARILES

Provider ID: 104060

Provider Gender: Female

NPI: 1275541625

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 655 EUCLID AVE STE 207
NATIONAL CITY, CA 91950

 Phone: (619) 475-4575

Fax: (619) 475-4578

 After Hours Phone: (619) 475-4575


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU-SA 8AM-5PM

PHYSICIANS ASSISTANT

ARMENTA, JORGE

Provider ID: 185270

Provider Gender: Male


License Number: PA13694


NPI: 1346382611


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619) 434-7308


 Website: www.lamaestra.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

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

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)
434-7308

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

MERCER, KELLY

Provider ID: 185270

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

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

Provider Language(s)
Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

BAEK, KILHYO

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571
NPI: 1053776914

Provider English Spoken: Y

Provider Language(s)
Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

BAEK, KILHYO

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

Provider English Spoken: Y

Provider Language(s)
 Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 480247

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

BINETTE, DONYA

Provider ID: 480247

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

Provider English Spoken: Y

Provider Language(s)
 Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 757-5841

 After Hours Phone: (760)
 757-5841

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM

CERTIFIED NURSE PRACTITIONER

BINETTE, DONYA

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

Provider English Spoken: Y


Provider Language(s)
 Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 757-5841

 After Hours Phone: (760)
 757-5841

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM

CERTIFIED NURSE PRACTITIONER

BROMAN, GRETCHEN

Provider ID: 206341

Provider Gender: Female

License Number: NP95007885

NPI: 1922421288

Provider English Spoken: Y

Cultural Competency: N



Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP







 4700 N RIVER RD


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄








OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

BROMAN, GRETCHEN
 Provider ID: 206341
 Provider Gender: Female
 License Number: NP95007885
 NPI: 1922421288
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 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: 206341
 Provider Gender: Female
 License Number: NP95007885
 NPI: 1922421288
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 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 IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 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 IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 🕒 Hours: M-F 8AM-5PM
 SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
 Provider ID: 206341
 Provider Gender: Male
 License Number: NP95017483
 NPI: 1679140644
 ☐ Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 📍 4700 N RIVER RD
 OCEANSIDE, CA 92057
 📞 Phone: (760) 631-5000
 📞 After Hours Phone: (760)
 631-5000
 🌐 Website: www.vistacommun
 nityclinic.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 🕒 Hours: M-F 8AM-5PM
 SA 9AM-4PM

CERTIFIED NURSE

PRACTITIONER

CHILAKA, SAMUEL
 Provider ID: 206341
 Provider Gender: Male
 License Number: NP95017483
 NPI: 1679140644
 ☐ Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

📍 4700 N RIVER RD
 OCEANSIDE, CA 92057
 📞 Phone: (760) 631-5000
 📞 After Hours Phone: (760)
 631-5000
 🌐 Website: www.vistacommun
 nityclinic.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 🕒 Hours: M-F 8AM-5PM
 SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
 Provider ID: 206341
 Provider Gender: Male
 License Number: NP95017483
 NPI: 1679140644
 ☐ Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

📍 4700 N RIVER RD
 OCEANSIDE, CA 92057
 📞 Phone: (760) 631-5000
 📞 After Hours Phone: (760)
 631-5000
 🌐 Website: www.vistacommun
 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

CHRISTY, TYLER
 Provider ID: 206341
 Provider Gender: Male
 License Number: NP95025871
 NPI: 1689094971
 ☐ Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

📍 4700 N RIVER RD
 OCEANSIDE, CA 92057
 📞 Phone: (760) 631-5000
 📞 After Hours Phone: (760)
 631-5000
 🌐 Website: www.vistacommun
 nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄




 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM
SA 9AM-4PM*


CERTIFIED NURSE PRACTITIONER



CHRISTY, TYLER

*Provider ID: 206341
Provider Gender: Male
License Number: NP95025871
NPI: 1689094971*

 *Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*
 *Phone: (760) 631-5000*
 *After Hours Phone: (760)
631-5000*

 *Website: www.vistacommu
nityclinic.org*
*Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER

CHRISTY, TYLER



*Provider ID: 206341
Provider Gender: Male*

*License Number: NP95025871
NPI: 1689094971*

 *Provider English Spoken: Y
Cultural Competency: N*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*
 *After Hours Phone: (760)
631-5000*


 *Website: www.vistacommu
nityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER



CORY, ALLISON

*Provider ID: 206341
Provider Gender: Female
License Number: NP20497
NPI: 1194027706*


 *Provider English Spoken: Y
Cultural Competency: N*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*
 *After Hours Phone: (760)*


631-5000


 *Website: www.vistacommu
nityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER



CORY, ALLISON


*Provider ID: 206341
Provider Gender: Female
License Number: NP20497
NPI: 1194027706*

 *Provider English Spoken: Y
Cultural Competency: N*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*


 *Phone: (760) 631-5000*
 *After Hours Phone: (760)
631-5000*


 *Website: www.vistacommu
nityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>CORY, ALLISON Provider ID: 206341 Provider Gender: Female License Number: NP20497 NPI: 1194027706 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM SA 9AM-4PM</p>	<p>Spoken: Sign Language Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM SA 9AM-4PM</p>	<p><input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM SA 9AM-4PM</p>
<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>EVERETT, ELIZABETH Provider ID: 206341 Provider Gender: Female License Number: NP95025094 NPI: 1942952767 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Sign Language Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM</p>	<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>EVERETT, ELIZABETH Provider ID: 206341 Provider Gender: Female License Number: NP95025094 NPI: 1942952767 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Sign Language Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> After Hours Phone: (760) 631-5000</p>	<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>EVERETT, ELIZABETH Provider ID: 206341 Provider Gender: Female License Number: NP95025094 NPI: 1942952767 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Sign Language Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Website: [www.vistacommu
nityclinic.org](http://www.vistacommu
nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Website: [www.vistacommu
nityclinic.org](http://www.vistacommu
nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000

After Hours Phone: (760)

631-5000

Website: [www.vistacommu
nityclinic.org](http://www.vistacommu
nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Website: [www.vistacommu
nityclinic.org](http://www.vistacommu
nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

🕒 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE
PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

📞 Phone: (760) 631-5000

🕒 After Hours Phone: (760)
631-5000

🌐 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE
PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

📞 Phone: (760) 631-5000

🕒 After Hours Phone: (760)
631-5000

🌐 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE
PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

📞 Phone: (760) 631-5000

🕒 After Hours Phone: (760)
631-5000

🌐 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE
PRACTITIONER

HARRIS, PAMELA

Provider ID: 206341

Provider Gender: Female

License Number: NP95022679

NPI: 1407545221

☐ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

📞 Phone: (760) 631-5000

🕒 After Hours Phone: (760)
631-5000

🌐 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA

Provider ID: 206341

Provider Gender: Female


License Number: NP95022679


NPI: 1407545221

 *Provider English Spoken: Y
Cultural Competency: N*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*


 *After Hours Phone: (760)
631-5000*


 *Website: www.vistacommu
nityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA

Provider ID: 206341

Provider Gender: Female


License Number: NP95022679


NPI: 1407545221

 *Provider English Spoken: Y
Cultural Competency: N*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)
631-5000*


 *Website: www.vistacommu
nityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER

HOWELL, AMANDA

Provider ID: 206341

Provider Gender: Female


License Number: NP95020894

NPI: 1427797943

 *Provider English Spoken: Y
Cultural Competency: N*


*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)*


631-5000


 *Website: www.vistacommu
nityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER

HOWELL, AMANDA

Provider ID: 206341

Provider Gender: Female


License Number: NP95020894


NPI: 1427797943


 *Provider English Spoken: Y
Cultural Competency: N*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*


 *After Hours Phone: (760)
631-5000*


 *Website: www.vistacommu
nityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p><i>Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: TRI CITY MEDICAL CTR</i></p>	<p><i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>
<p>HOWELL, AMANDA <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: NP95020894</i> <i>NPI: 1427797943</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i> <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> <i>Phone: (760) 631-5000</i> <input type="checkbox"/> <i>After Hours Phone: (760) 631-5000</i> <input type="checkbox"/> <i>Website: www.vistacommunityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i> <input type="checkbox"/> <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p>	<p><i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i> <input type="checkbox"/> 818 PIER VIEW WAY OCEANSIDE, CA 92054 <input type="checkbox"/> <i>Phone: (760) 631-5000</i> <input type="checkbox"/> <i>After Hours Phone: (760) 631-5000</i> <input type="checkbox"/> <i>Website: www.vistacommunityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i> <input type="checkbox"/> <i>Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p>	<p><input type="checkbox"/> 818 PIER VIEW WAY OCEANSIDE, CA 92054 <input type="checkbox"/> <i>Phone: (760) 631-5000</i> <input type="checkbox"/> <i>After Hours Phone: (760) 631-5000</i> <input type="checkbox"/> <i>Website: www.vistacommunityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i> <input type="checkbox"/> <i>Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p>
<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>
<p>KELLEHER, BRIDGET <i>Provider ID: 402434</i> <i>Provider Gender: Female</i> <i>License Number: NP95003447</i> <i>NPI: 1245695006</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: TRI CITY MEDICAL CTR</i></p>	<p>KELLEHER, BRIDGET <i>Provider ID: 402434</i> <i>Provider Gender: Female</i> <i>License Number: NP95003447</i> <i>NPI: 1245695006</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: TRI CITY MEDICAL CTR</i></p>	<p>TAYLOR, CHRISTOPHER <i>Provider ID: 206341</i> <i>Provider Gender: Male</i> <i>License Number: NP95020584</i> <i>NPI: 1851747166</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i> <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> <i>Phone: (760) 631-5000</i> <input type="checkbox"/> <i>After Hours Phone: (760) 631-5000</i> <input type="checkbox"/> <i>Website: www.vistacommunityclinic.org</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206341

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

TAYLOR, CHRISTOPHER

Provider ID: 206341

Provider Gender: Male


License Number: NP95020584


NPI: 1851747166

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206341

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE

PRACTITIONER

TAYLOR, CHRISTOPHER

Provider ID: 206341

Provider Gender: Male


License Number: NP95020584


NPI: 1851747166

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000


 Website: www.vistacommunityclinic.org

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

WAGNER, TASIA

Provider ID: 206341

Provider Gender: Female


License Number: NP95001650

NPI: 1598158768


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000


 Website: www.vistacommunityclinic.org

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

WAGNER, TASIA

Provider ID: 206341

Provider Gender: Female


License Number: NP95001650


NPI: 1598158768

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄




 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

CERTIFIED NURSE PRACTITIONER



WAGNER, TASIA

Provider ID: 206341
Provider Gender: Female
License Number: NP95001650
NPI: 1598158768

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
 OCEANSIDE, CA 92057
 *Phone: (760) 631-5000*
 *After Hours Phone: (760) 631-5000*
 *Website: www.vistacommunityclinic.org*



Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

FAMILY PRACTICE



ESPINOSA-SILVA, YAMINAH

Provider ID: 206341
Provider Gender: Female
License Number: 20A12958



NPI: 1003172016
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
 OCEANSIDE, CA 92057
 *Phone: (760) 631-5000*
 *After Hours Phone: (760) 631-5000*
 *Website: www.vistacommunityclinic.org*



Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH

Provider ID: 206341
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016



 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
 OCEANSIDE, CA 92057
 *Phone: (760) 631-5000*
 *After Hours Phone: (760) 631-5000*
 *Website: www.vistacommunityclinic.org*



Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH

Provider ID: 206341
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

FATLAND, SARAH

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760)
631-5000

Website: www.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
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

FATLAND, SARAH

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

KETCHEL, CLINT

Provider ID: 206341

Provider Gender: Male

License Number: A135564

NPI: 1699038125

Provider English Spoken: Y
Provider Language(s)

Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N


Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

SCRIPPS MEMORIAL
HOSPITAL ENCINITAS, TRI
CITY MEDICAL CTR, WHITTIER
HOSPITAL MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

KETCHEL, CLINT

Provider ID: 206341
Provider Gender: Male
License Number: A135564
NPI: 1699038125


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac


Cultural Competency: N
Hospital Affiliation:
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS, TRI
CITY MEDICAL CTR, WHITTIER
HOSPITAL MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

KETCHEL, CLINT


Provider ID: 402434
Provider Gender: Male
License Number: A135564
NPI: 1699038125


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac


Cultural Competency: N
Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS, TRI
CITY MEDICAL CTR, WHITTIER
HOSPITAL MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 818 PIER VIEW WAY
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM

FAMILY PRACTICE

KETCHEL, CLINT

Provider ID: 402434
Provider Gender: Male
License Number: A135564
NPI: 1699038125







 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




C. 初級保健名錄

Hospital Affiliation:
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS, TRI
CITY MEDICAL CTR, WHITTIER
HOSPITAL MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 818 PIER VIEW WAY
OCEANSIDE, CA 92054
 *Phone:* (760) 631-5000
 *After Hours Phone:* (760)
631-5000
 *Website:* www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility:* CONTACT
PROVIDER
 *Hours:* M-F 8AM-5PM

FAMILY PRACTICE


KETCHEL, CLINT







Provider ID: 206341
Provider Gender: Male
License Number: A135564
NPI: 1699038125
 *Provider English Spoken:* Y
 *Provider Language(s)
Spoken:* Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N
Hospital Affiliation:
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS, TRI
CITY MEDICAL CTR, WHITTIER
HOSPITAL MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 *Phone:* (760) 631-5000
 *After Hours Phone:* (760)
631-5000
 *Website:* www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility:* CONTACT
PROVIDER
 *Hours:* M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE






NGUYEN, DANIELA

Provider ID: 206341
Provider Gender: Female
License Number: 20A21066
NPI: 1891069662
 *Provider English Spoken:* Y
Cultural Competency: N
Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 *Phone:* (760) 631-5000
 *After Hours Phone:* (760)
631-5000
 *Website:* www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility:* CONTACT
PROVIDER
 *Hours:* M-F 8AM-5PM
SA 9AM-4PM


FAMILY PRACTICE


NGUYEN, DANIELA

Provider ID: 206341
Provider Gender: Female
License Number: 20A21066
NPI: 1891069662
 *Provider English Spoken:* Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 *Phone:* (760) 631-5000
 *After Hours Phone:* (760)
631-5000
 *Website:* www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

FAMILY PRACTICE

NGUYEN, DANIELA

Provider ID: 206341

Provider Gender: Female


License Number: 20A21066


NPI: 1891069662

 *Provider English Spoken: Y
Cultural Competency: N*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)
631-5000*


 *Website: www.vistacommunityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 9AM-4PM*

FAMILY PRACTICE

PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 *Provider English Spoken: Y
Cultural Competency: N*

*Hospital Affiliation: TRI CITY
MEDICAL CTR*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)
631-5000*

 *Website: www.vistacommunityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 *Provider English Spoken: Y
Cultural Competency: N*

*Hospital Affiliation: TRI CITY
MEDICAL CTR*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)
631-5000*

 *Website: www.vistacommunityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 *Provider English Spoken: Y
Cultural Competency: N*


*Hospital Affiliation: TRI CITY
MEDICAL CTR*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)
631-5000*

 *Website: www.vistacommunityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*






 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

PONSFORD, DIANA







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄







Provider ID: 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
 IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommu
 nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 9AM-4PM



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






IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommu
 nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 9AM-4PM

FAMILY PRACTICE

VIDAL, MONICA
 Provider ID: 206341
 Provider Gender: Female
 License Number: 20A8949
 NPI: 1871791749
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommu
 nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 9AM-4PM

FAMILY PRACTICE

VIDAL, MONICA
 Provider ID: 206341
 Provider Gender: Female
 License Number: 20A8949
 NPI: 1871791749
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommu
 nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 9AM-4PM

FAMILY PRACTICE

VIDAL, MONICA
 Provider ID: 206341

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female
License Number: 20A8949
NPI: 1871791749

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000
 Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

FQHC

TRUECARE,

Provider ID: 480247
NPI: 1245246917
 Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 2210 MESA DR STE 300
OCEANSIDE, CA 92054
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
SA 8AM-4:30PM

FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 206341
NPI: 1851300123
 Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 206341
NPI: 1649662719

Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC,


Provider ID: 206341
NPI: 1316501562
 Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC HORNE STREET,


Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC HORNE STREET,


Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC PIER VIEW WAY,


Provider ID: 402434

NPI: 1629357355

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


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

IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM
W 8AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH

Provider ID: 206341

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

License Number: C54458

NPI: 1942204979

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic, Farsi,
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL


CTR, UC DAVIS MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)

631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH

Provider ID: 206341

Provider Gender: Female

License Number: C54458

NPI: 1942204979

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic, Farsi,

Persian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL


CTR, UC DAVIS MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)

631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH

Provider ID: 206341

Provider Gender: Female

License Number: C54458

NPI: 1942204979

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic, Farsi,
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL


CTR, UC DAVIS MEDICAL CTR


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 9AM-4PM

PEDIATRICS

CALHOUN, CHANELLE

Provider ID: 344145

Provider Gender: Female

NPI: 1437166709

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS






Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054
 Phone: (760) 736-6767
 Fax: (760) 736-8740
 After Hours Phone: (760)
 736-6767
 Website: N/A

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


CALHOUN, CHANELLE

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 891-4667

 After Hours Phone: (760)
 891-4667

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

PEDIATRICS


CALHOUN, CHANELLE

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 891-4667

 After Hours Phone: (760)
 891-4667

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

CURLEY, EDWARD

Provider ID: 480247

Provider Gender: Male

License Number: A73814

NPI: 1164434312

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY


MEDICAL CTR


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760)
 736-6767


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM

PEDIATRICS

CURLEY, EDWARD

Provider ID: 480247

Provider Gender: Male

License Number: A73814

NPI: 1164434312

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 300
OCEANSIDE, CA 92054

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

CURLEY, EDWARD

Provider ID: 240736

Provider Gender: Male

NPI: 1164434312

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2210 MESA DR STE 300
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

DANIELS, SARAH

Provider ID: 433806

Provider Gender: Female

NPI: 1730446527

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 130
BLDG B
OCEANSIDE, CA 92056

Phone: (760) 547-1010

After Hours Phone: (760)
547-1010

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
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
IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PEDIATRICS		PEDIATRICS	
GUNTA, SUJANA		MCCAMMACK, BRADLEY	
Provider ID: 402434		Provider ID: 206341	
Provider Gender: Female		Provider Gender: Male	
License Number: A109056		License Number: A130883	
NPI: 1932304342		NPI: 1629368857	
<input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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 IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 818 PIER VIEW WAY OCEANSIDE, CA 92054 <input type="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM		<input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: TRI CITY MEDICAL CTR Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 4700 N RIVER RD OCEANSIDE, CA 92057 <input type="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> Fax: (760) 414-3731 <input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None	
PEDIATRICS		PEDIATRICS	
KRAMER, MELISSA		MACINTYRE, ELIZABETH	
Provider ID: 469759		Provider ID: 543354	
Provider Gender: Female		Provider Gender: Female	
NPI: 1467833467		NPI: 1336520766	
<input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: Yes RADY CHILDRENS HEALTH NETWORK <input type="checkbox"/> 3605 VISTA WAY BLDG B STE 130 OCEANSIDE, CA 92056		<input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: Yes RADY CHILDRENS HEALTH NETWORK <input type="checkbox"/> 3605 VISTA WAY BLDG B OCEANSIDE, CA 92056	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

PEDIATRICS


MCCAMMACK, BRADLEY

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731

 After Hours Phone: (760) 631-5000


 Website: www.vistacommu-nityclinic.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

License Number: A130883

NPI: 1629368857

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731

 After Hours Phone: (760) 631-5000

 Website: www.vistacommu-nityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

MILLER, DONALD

Provider ID: 433589

Provider Gender: Male

NPI: 1154356582

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO,


PALOMAR MEDICAL CENTER, UCSF BENIOFF CHILDREN'S


HOSPITAL OAKLAND, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY BLDG B STE 130

OCEANSIDE, CA 92056

 Phone: (760) 547-1010

 After Hours Phone: (760) 547-1010

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

2210 MESA DR STE 300
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

PERKINS, RACHEL

Provider ID: 435952

Provider Gender: Female

NPI: 1427398320

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 130
BLDG B

OCEANSIDE, CA 92056

Phone: (760) 547-1010

After Hours Phone: (760) 547-1010

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

RONAN, KEVIN

Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD

OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

PEDIATRICS

RONAN, KEVIN

Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD

OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): SA 9AM-4PM

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

PEDIATRICS


RONAN, KEVIN

Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 9AM-4PM

PEDIATRICS


ZACHRY, ALISON

Provider ID: 480247

Provider Gender: Female

License Number: A131678

NPI: 1922402858

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

ZACHRY, ALISON

Provider ID: 480247

Provider Gender: Female

License Number: A131678

NPI: 1922402858

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-4:30PM

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
IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄






 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
IHP OF SOUTHERN CAL-PHP

 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
IHP OF SOUTHERN CAL-PHP



 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
IHP OF SOUTHERN CAL-PHP
 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

POWAY

FAMILY PRACTICE

KAUR, JATINDER

Provider ID: 481187
Provider Gender: Female
License Number: A120771
NPI: 1912141391
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Hindi, Punjabi,
Urdu
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 13010 POWAY RD
POWAY, CA 92064
 Phone: (858) 218-3000
 After Hours Phone: (858)
218-3000
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



C. 初級保健名錄

<p style="text-align: center;">FQHC</p> <p>NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER, <i>Provider ID: 481187</i> <i>NPI: 1023518768</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> IHP OF SOUTHERN CAL-PHP</p> <p> 13010 POWAY RD POWAY, CA 92064</p> <p> <i>Phone: (858) 218-3000</i> <i>Fax: (360) 462-2742</i></p> <p> <i>After Hours Phone: (858) 218-3000</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): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p>	<p>DIEGO <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CAL-PHP</p> <p> 13010 POWAY RD POWAY, CA 92064</p> <p> <i>Phone: (858) 218-3000</i> <i>After Hours Phone: (858) 218-3000</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): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p>	<p><i>673-3340</i> <i>Website: N/A</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p>
<p style="text-align: center;">PEDIATRICS</p> <p>CURET, ZULMA <i>Provider ID: 481187</i> <i>Provider Gender: Female</i> <i>License Number: A119661</i> <i>NPI: 1841561107</i></p> <p> <i>Provider English Spoken: Y</i> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN</i></p>	<p style="text-align: center;">PEDIATRICS</p> <p>LINDBACK, SARAH <i>Provider ID: 161834</i> <i>Provider Gender: Female</i> <i>NPI: 1427345487</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Board Certified Specialty: No</i> RADY CHILDRENS HEALTH NETWORK</p> <p> 15725 POMERADO RD STE 203 POWAY, CA 92064</p> <p> <i>Phone: (858) 673-3340</i> <i>Fax: (858) 673-1075</i></p> <p> <i>After Hours Phone: (858)</i></p>	<p style="text-align: center;">PEDIATRICS</p> <p>LOSTETTER, ADRIENNE <i>Provider ID: 261797</i> <i>Provider Gender: Female</i> <i>NPI: 1881607984</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH</i> <i>Board Certified Specialty: No</i> RADY CHILDRENS HEALTH NETWORK</p> <p> 15725 POMERADO RD STE 203 POWAY, CA 92064</p> <p> <i>Phone: (858) 673-3340</i> <i>Fax: (858) 673-1075</i></p> <p> <i>After Hours Phone: (858) 673-3340</i></p> <p> <i>Website: N/A</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL):</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。





C. 初級保健名錄

N



 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

PEDIATRICS

MOREIRA, LUCILA

Provider ID: 523761
Provider Gender: Female
NPI: 1104846567
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK
 15725 POMERADO RD STE 203
 POWAY, CA 92064
 *Phone: (858) 673-3340*
Fax: (858) 673-1075
 *After Hours Phone: (858) 673-3340*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):



N

 *Accessibility: CONTACT PROVIDER*
 *Hours: SU-SA 8AM-5PM*


PEDIATRICS



MORTIMER, DORI

Provider ID: 230552
Provider Gender: Female
NPI: 1417928417
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH
Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 15725 POMERADO RD STE 203
 POWAY, CA 92064
 *Phone: (858) 673-3340*
Fax: (858) 673-1075

 *After Hours Phone: (858) 673-3340*

 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*


PEDIATRICS



RAMGREN, AILEEN


Provider ID: 397707
Provider Gender: Female

NPI: 1356785505


Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 15725 POMERADO RD STE 203
 POWAY, CA 92064

 *Phone: (858) 673-3340*
 *After Hours Phone: (858) 673-3340*

 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

PEDIATRICS

RENDLER, NATHAN

Provider ID: 30205
Provider Gender: Male
NPI: 1275531337
 Provider English Spoken: Y
 Provider Language(s) Spoken: Hebrew, Spanish, Yiddish

Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

DIEGO, PALOMAR HEALTH
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

15525 POMERADO RD STE 1
POWAY, CA 92064

Phone: (858) 487-8333
Fax: (858) 487-0856

After Hours Phone: (858)
487-8333

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM
SA 9AM-5PM

PEDIATRICS

TAI, KUANGKAI

Provider ID: 351834

Provider Gender: Male

NPI: 1396744066

Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese, Mandarin,
Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
HEALTH, RADY CHILDRENS
HOSPITAL SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

15525 POMERADO RD STE

B1

POWAY, CA 92064

Phone: (858) 487-8333
Fax: (858) 487-0856

After Hours Phone: (858)
484-4003

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: 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
IHP OF SOUTHERN CAL-PHP

13010 POWAY RD
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)
218-3000

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-4:30PM

RAMONA

CERTIFIED NURSE PRACTITIONER

DOAN, CHINH

Provider ID: 449438

Provider Gender: Female

License Number: NP18874

NPI: 1083845069

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

220 ROTANZI ST
RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FQHC

TRUECARE,

Provider ID: 449438


NPI: 1245246917

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 220 ROTANZI ST
 RAMONA, CA 92065
 Phone: (760) 736-6767
 Fax: (760) 736-6744
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-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
 ENCINITAS
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 220 ROTANZI ST
 RAMONA, CA 92065
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

ZACHRY, ALISON

Provider ID: 449438
 Provider Gender: Female
 License Number: A131678
 NPI: 1922402858
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, TRI CITY MEDICAL CTR
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 220 ROTANZI ST
 RAMONA, CA 92065
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-0PM



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
 IHP OF SOUTHERN CAL-PHP
 220 ROTANZI ST
 RAMONA, CA 92065
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PHYSICIANS ASSISTANT

REIFENBERGER, JODY

Provider ID: 449438
 Provider Gender: Female
 License Number: PA22669
 NPI: 1386741072
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 220 ROTANZI ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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

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
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

ZANGEN, ROCHELLE

Provider ID: 449438
Provider Gender: Female
License Number: PA51494
NPI: 1447681150
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

SAN DIEGO

CARDIOVASCULAR DISEASE

BLUM, RICHARD
Provider ID: 417937
Provider Gender: Male
License Number: G53758
NPI: 1043310030
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE

SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CARDIOVASCULAR DISEASE

GARIBYAN, VARTAN
Provider ID: 417937
Provider Gender: Male
License Number: 20A12504
NPI: 1790084143
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): Provider ID: 418535

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

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
OPERATION SAMAHAN

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


CERTIFIED NURSE
PRACTITIONER


AQUINO, FELINO

Provider Gender: Male

License Number: NP22974


NPI: 1356684781


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426


 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU
8:30AM-5:30PM

W 10AM-7PM
TH-F 8:30AM-5:30PM

CERTIFIED NURSE
PRACTITIONER


ARTS, SERENA

Provider ID: 403583

Provider Gender: Female

License Number: NP10769


NPI: 1801881552


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

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
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*

 *After Hours Phone: (619) 233-8500*


 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM*

CERTIFIED NURSE **PRACTITIONER**

BESTERFELDT, LYDIA

Provider ID: 482070

Provider Gender: Female


License Number: NP95013060

NPI: 1265929442

 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

 *After Hours Phone: (858) 810-8700*


 *Website: www.sdfamilycare.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *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
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE
SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

 *After Hours Phone: (619) 563-0250*

 *Website: www.sdfamilycare.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE **PRACTITIONER**

CELESTIN-RAMSEY, AKANKE

Provider ID: 451167

Provider Gender: Female

License Number: NP8563


NPI: 1447450275


 *Provider English Spoken: Y*
Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: www.syhealth.org /clinics/king-chavez-health-center*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PRACTITIONER	
<p>CHASE, AVA LOU Provider ID: 206360 Provider Gender: Female License Number: NP95000602 NPI: 1164496386</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 1809 NATIONAL AVE SAN DIEGO, CA 92113 <input type="checkbox"/> Phone: (619) 515-2300 <input type="checkbox"/> After Hours Phone: (619) 515-2300 <input type="checkbox"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</p> <p><input type="checkbox"/> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105 <input type="checkbox"/> Phone: (619) 255-9155 <input type="checkbox"/> After Hours Phone: (619) 255-9155 <input type="checkbox"/> Website: www.lamaestra.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-6PM SA 8AM-2PM</p>
<p>CERTIFIED NURSE PRACTITIONER</p> <p>DHARKAR-SURBER, SAPNA Provider ID: 185268 Provider Gender: Female License Number: NP95013257 NPI: 1538707765</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Marathi, Spanish Cultural Competency: N</p>	<p>CERTIFIED NURSE PRACTITIONER</p> <p>DO, ELAINE Provider ID: 233532 Provider Gender: Female License Number: NP95019446 NPI: 1215696307</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 4305 UNIVERSITY AVE STE</p>
	<p>150 SAN DIEGO, CA 92105 <input type="checkbox"/> Phone: (619) 280-2058 <input type="checkbox"/> After Hours Phone: (619) 280-2058 <input type="checkbox"/> Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\22 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM SA 8AM-2PM</p>
	<p>CERTIFIED NURSE PRACTITIONER</p> <p>GALLEGOS, CYNTHIA Provider ID: 206360 Provider Gender: Female License Number: NP95016217 NPI: 1174105589</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 1809 NATIONAL AVE SAN DIEGO, CA 92113 <input type="checkbox"/> Phone: (619) 515-2300 <input type="checkbox"/> After Hours Phone: (619) 515-2300 <input type="checkbox"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): License Number: NP95011313
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


GARCIA, JOHNNY

Provider ID: 206363

Provider Gender: Male

License Number: NP95007000

NPI: 1932622156


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

GOLDFINGER, SARAH

Provider ID: 206360


Provider Gender: Female


NPI: 1134686744

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


HA, THU

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)

279-0925

 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

HA, THU

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PRACTITIONER			
HA, THU			
Provider ID: 482070			
Provider Gender: Female			
License Number: NP95010517			
NPI: 1346443983			
<input type="checkbox"/>	Provider English Spoken: Y		
<input type="checkbox"/>	Provider Language(s) Spoken: Vietnamese		
Cultural Competency: N			
Board Certified Specialty: No			
IHP OF SOUTHERN CAL-PHP			
	7011 LINDA VISTA RD SAN DIEGO, CA 92111		Phone: (858) 810-8700
			After Hours Phone: (858) 810-8700
	Website: www.sdfamilycare.org		
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			
HARRINGTON, BARBARA LORRAINE			
Provider ID: 185268			
Provider Gender: Female			
License Number: NP17008			
NPI: 1659579134			
<input type="checkbox"/>	Provider English Spoken: Y		
Cultural Competency: N			
Board Certified Specialty: No			
IHP OF SOUTHERN CAL-PHP			
	1501 IMPERIAL AVE SAN DIEGO, CA 92101		Phone: (619) 645-6405
			After Hours Phone: (619) 645-6405
	Website: N/A		
Medi-Cal Open Panel: Yes			
Min/Max Age: 0\None			
American Sign Language (ASL): N			
	Accessibility: CONTACT PROVIDER		
	Hours: M-F 8AM-4:30PM		
CERTIFIED NURSE PRACTITIONER			
HILL, GENIELYN			
Provider ID: 417101			
Provider Gender: Female			
License Number: NP95020046			
NPI: 1710632435			
<input type="checkbox"/>	Provider English Spoken: Y		
<input type="checkbox"/>	Provider Language(s) Spoken: Tagalog		
Cultural Competency: N			
Board Certified Specialty: No			
OPERATION SAMAHAN			
	10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126		Phone: (844) 200-2426
			After Hours Phone: (844) 200-2426
	Website: www.operationsamahan.org		
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			

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

License Number: NP95010585
NPI: 1861956724

Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.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

HOANG, CHI

Provider ID: 482070

Provider Gender: Female

License Number: NP95004600

NPI: 1902350994

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY

Provider ID: 206362

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish, Thai

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY

Provider ID: 206362

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish, Thai

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM






CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Provider ID: 206360
 Provider Gender: Female
 License Number: NP17852
 NPI: 1205019510
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Thai
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO





 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 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
 IHP OF SOUTHERN CAL-PHP
 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101

 Phone: (619) 233-8500
 After Hours Phone: (619)
 233-8500
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE **PRACTITIONER**

INSTONE, SUSAN
 Provider ID: 482070
 Provider Gender: Female
 License Number: NP4858
 NPI: 1710223268
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858)
 810-8700
 Website: www.sdfamilycare
 .org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None



























American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE **PRACTITIONER**

INSTONE, SUSAN
 Provider ID: 233532
 Provider Gender: Female
 License Number: NP4858
 NPI: 1710223268
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4305 UNIVERSITY AVE STE
 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2058
 After Hours Phone: (619)
 280-2058
 Website: www.sdfamilycare
 .org
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄

<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p><i>Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 1501 IMPERIAL AVE SAN DIEGO, CA 92101</p> <p> Phone: (619) 233-8500  After Hours Phone: (619) 233-8500</p> <p> Website: N/A</p> <p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5:30PM</p>	<p><i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> Accessibility: CONTACT PROVIDER  Hours: M-F 8:30AM-5:30PM</p>
<p>JOHNSON, SHAWNA AKIKO <i>Provider ID: 233597</i> <i>Provider Gender: Female</i> <i>License Number: NP95002518</i> <i>NPI: 1922237809</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4290 POLK AVE SAN DIEGO, CA 92105</p> <p> Phone: (619) 563-0250  After Hours Phone: (619) 563-0250</p> <p> Website: www.sdfamilycare.org <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> Accessibility: CONTACT PROVIDER</p>	<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>
<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p>KHAN, MATTHEW <i>Provider ID: 417987</i> <i>Provider Gender: Male</i> <i>License Number: NP17838</i> <i>NPI: 1942456124</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 4874 POLK AVE SAN DIEGO, CA 92105</p> <p> Phone: (619) 515-2426  After Hours Phone: (619) 515-2426</p> <p> Website: www.fhcsd.org <i>Medi-Cal Open Panel: Yes</i></p>	<p>KI, TRISH <i>Provider ID: 206046</i> <i>Provider Gender: Female</i> <i>License Number: NP23847</i> <i>NPI: 1376840199</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 6973 LINDA VISTA RD SAN DIEGO, CA 92111</p> <p> Phone: (858) 279-0925  After Hours Phone: (858) 279-0925</p> <p> Website: www.sdfamilycare.org <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> Accessibility: CONTACT PROVIDER  Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM</p>
<p>KEMP, KATHRINE <i>Provider ID: 403583</i> <i>Provider Gender: Female</i> <i>License Number: NP95018497</i> <i>NPI: 1316615313</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s)</i></p>	<p> 4874 POLK AVE SAN DIEGO, CA 92105</p> <p> Phone: (619) 515-2426  After Hours Phone: (619) 515-2426</p> <p> Website: www.fhcsd.org <i>Medi-Cal Open Panel: Yes</i></p>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 206046

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 482070

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare.org

Medi-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
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LENNON, RYAN

Provider ID: 624977

Provider Gender: Female

License Number: NP95027593

NPI: 1558084855

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

2204 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2355

After Hours Phone: (619)
515-2355

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LIEBER, CAROL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 517403
Provider Gender: Female
License Number: NP20849
NPI: 1487889846

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

316 25TH ST
SAN DIEGO, CA 92102
 Phone: (619) 238-5551
 After Hours Phone: (619)
238-5551
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 417101
Provider Gender: Female
License Number: NP95000203
NPI: 1093130395

Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE

235
SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426
 Website: www.operationsa
mahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TU
8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

LU, TAMMY
Provider ID: 206360
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

MARTIN, RIA
Provider ID: 206363
Provider Gender: Female
License Number: NP95005321
NPI: 1437695079

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

MARTINEZ, CAROLYN
Provider ID: 214492
Provider Gender: Female
License Number: NP22031
NPI: 1609101997

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



C. 初級保健名錄

<p>☐ <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><i>IHP OF SOUTHERN CAL-PHP</i></p> <p>📍 1016 OUTER RD SAN DIEGO, CA 92154</p> <p>☎ <i>Phone: (619) 429-3733</i></p> <p>🕒 <i>After Hours Phone: (619) 429-3733</i></p> <p>🌐 <i>Website: www.ibclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p>♿ <i>Accessibility: CONTACT PROVIDER</i></p> <p>🕒 <i>Hours: M 8:30AM-5PM TU-TH 8:30AM-8PM F 8:30AM-5PM</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p>📍 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105</p> <p>☎ <i>Phone: (619) 280-2058</i></p> <p>🕒 <i>After Hours Phone: (619) 280-2058</i></p> <p>🌐 <i>Website: www.sdfamilycare.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\22</i></p> <p><i>American Sign Language (ASL): N</i></p> <p>♿ <i>Accessibility: CONTACT PROVIDER</i></p> <p>🕒 <i>Hours: M-F 8AM-5PM SA 8AM-2PM</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>
<u>CERTIFIED NURSE PRACTITIONER</u>		
<p>MELTZER, VIRGINIA</p> <p><i>Provider ID: 233532</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95015948</i></p> <p><i>NPI: 1821684390</i></p> <p>☐ <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i></p> <p><i>Board Certified Specialty: No</i></p>	<p>MENDOZA, GRETEL MARIE</p> <p><i>Provider ID: 417101</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95002233</i></p> <p><i>NPI: 1245652387</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><i>OPERATION SAMAHAN</i></p> <p>📍 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126</p> <p>☎ <i>Phone: (844) 200-2426</i></p> <p>🕒 <i>After Hours Phone: (844) 200-2426</i></p> <p>🌐 <i>Website: www.operationsamahan.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p>	<p>MORAN, TIFFANY</p> <p><i>Provider ID: 207382</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95011037</i></p> <p><i>NPI: 1730730649</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><i>IHP OF SOUTHERN CAL-PHP</i></p> <p>📍 2630 1ST AVE SAN DIEGO, CA 92103</p> <p>☎ <i>Phone: (619) 234-2158</i></p> <p>🕒 <i>After Hours Phone: (619) 234-2158</i></p> <p>🌐 <i>Website: WWW.SDAIHC.ORG</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p>♿ <i>Accessibility: CONTACT PROVIDER</i></p> <p>🕒 <i>Hours: M-F 8AM-5PM</i></p> <p><i>Indian Health Services: Y</i></p>
<u>CERTIFIED NURSE PRACTITIONER</u>		
<p>NEVAREZ, IRENE</p> <p><i>Provider ID: 185268</i></p>		

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄



Provider Gender: Female
License Number: NP95009891
NPI: 1003166646

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105


 Phone: (619) 564-8765
 After Hours Phone: (619)
564-8765


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM
SA 8AM-2PM

CERTIFIED NURSE **PRACTITIONER**


NGUYEN, NINA

Provider ID: 417101

Provider Gender: Female



License Number: NP95020179


NPI: 1417699869

 Provider English Spoken: Y

Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN

 10737 CAMINO RUIZ STE
235
SAN DIEGO, CA 92126

 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426


 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-4:30PM

CERTIFIED NURSE **PRACTITIONER**



NOCEDA, ANA

Provider ID: 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
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700
 After Hours Phone: (858)
810-8700


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

CERTIFIED NURSE **PRACTITIONER**



NOCEDA, ANA

Provider ID: 233532

Provider Gender: Female

License Number: NP19505

NPI: 1386971760

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog



Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058
 After Hours Phone: (619)
280-2058

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄


 Website: www.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


OCAMPO, ELAINE


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Mandarin, Yue
Chinese

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


OCAMPO, ELAINE


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Mandarin, Yue
Chinese


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


OCAMPO, ELAINE


Provider ID: 482070

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Mandarin, Yue
Chinese


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR


Provider ID: 206360

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Amharic, Arabic
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113



 Phone: (619) 515-2300

 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

Provider ID: 206360
Provider Gender: Female
License Number: RN810863
NPI: 1063835692
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

PRACTITIONER


ODA, THAGHAR

Provider ID: 206363
Provider Gender: Female
License Number: NP95000205
NPI: 1063835692

Provider English Spoken: Y
 Provider Language(s)
Spoken: Amharic, Arabic
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


ODA, THAGHAR


Provider ID: 206363
Provider Gender: Female
License Number: RN810863
NPI: 1063835692

Provider English Spoken: Y
 Provider Language(s)
Spoken: Amharic, Arabic
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

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
OPERATION SAMAHAN

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206363

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

OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426


 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE **PRACTITIONER**


OWEN, MICHAEL

Provider ID: 206363

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE **PRACTITIONER**


OWEN, MICHAEL

Provider ID: 206362

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:30AM-5:30PM

F 8AM-5PM

CERTIFIED NURSE **PRACTITIONER**

OWEN, MICHAEL

Provider ID: 206362

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM

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
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)
233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE **PRACTITIONER**

PATEL, KELLY

Provider ID: 402851

Provider Gender: Female


License Number: NP95004735


NPI: 1033493747


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

 Hours: M-W
8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

CERTIFIED NURSE **PRACTITIONER**



PATIAG, DANIEL

Provider ID: 206046

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769

 Provider English Spoken: Y
 Provider Language(s)


Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925


 Website: www.sdfamilycare
.org

Medi-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
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M-F
 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL
 Provider ID: 482070
 Provider Gender: Male
 License Number: NP95012511
 NPI: 1073169769
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 📍 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 📞 Phone: (858) 810-8700
 🕒 After Hours Phone: (858)
 810-8700
 🌐 Website: www.sdfamilycare
 .org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M 8:30AM-5:30PM
 TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM
 SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

PERRY, KATHERINE
 Provider ID: 207382
 Provider Gender: Female
 License Number: NP95014964
 NPI: 1215543426
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 📍 2630 1ST AVE
 SAN DIEGO, CA 92103
 📞 Phone: (619) 234-2158
 🕒 After Hours Phone: (619)
 234-2158
 🌐 Website: WWW.SDAIHC.ORG
 G
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M-F 8AM-5PM
 Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

QUINTO, CINDY
 Provider ID: 482070
 Provider Gender: Female
 License Number: NP16433
 NPI: 1902810377

Provider English Spoken: Y
 Provider Language(s)
 Spoken: French, Lao,
 Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 📍 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 📞 Phone: (858) 810-8700
 🕒 After Hours Phone: (858)
 810-8700
 🌐 Website: www.sdfamilycare
 .org
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619) 280-2058

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

REID, EMILY

Provider ID: 185268

Provider Gender: Female

License Number: NP95002766

NPI: 1083081467

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619) 255-9155

Website: www.lamaestra.org

g
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

ROGERS, TANYA

Provider ID: 417987

Provider Gender: Female

License Number: NP95004443

NPI: 1558710038

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4874 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619) 515-2426

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858) 279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 8AM-8PM
W-F 8AM-5PM
SA 9AM-1PM

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY

Provider ID: 482070

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

SAMPSON, ANDRIECE

Provider ID: 207382

Provider Gender: Female

License Number: NP95026377

NPI: 1619594124

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2630 1ST AVE
SAN DIEGO, CA 92103

Phone: (619) 234-2158

After Hours Phone: (619)
234-2158

Website: WWW.SDAIHC.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE

Provider ID: 206046

Provider Gender: Female

License Number: NP2390

NPI: 1619370475

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 8AM-8PM
W-F 8AM-5PM
SA 9AM-1PM

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE

Provider ID: 206046

Provider Gender: Female

License Number: NP2390

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄


NPI: 1619370475


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8AM-5PM
TU 8AM-8PM
W-F 8AM-5PM
SA 9AM-1PM

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE

Provider ID: 482070

Provider Gender: Female


License Number: NP2390

NPI: 1619370475

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)

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


SATTERWHITE, MAURINE

Provider ID: 482070

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700

 Website: www.sdfamilycare.org


Medi-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

SATTERWHITE, MAURINE

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925


 Website: www.sdfamilycare.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






C. 初級保健名錄

<p style="text-align: center;"><u>PRACTITIONER</u></p> <p>SATTERWHITE, MAURINE Provider ID: 206046 Provider Gender: Female License Number: NP7022 NPI: 1225012842</p> <p> Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 6973 LINDA VISTA RD SAN DIEGO, CA 92111  Phone: (858) 279-0925  After Hours Phone: (858) 279-0925  Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM</p>	<p> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>	<p> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>
<p style="text-align: center;"><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>SAVILLE, EDITH Provider ID: 417937 Provider Gender: Female License Number: NP7374 NPI: 1730567678</p>	<p style="text-align: center;"><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>SEAMAN, MARY Provider ID: 206363 Provider Gender: Female License Number: NP10146 NPI: 1033116652</p> <p> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102  Phone: (619) 515-2560  After Hours Phone: (619) 515-2560</p>	<p style="text-align: center;"><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>SEBRING, JAN Provider ID: 206360 Provider Gender: Female License Number: NP10906 NPI: 1295750339</p> <p> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113  Phone: (619) 515-2300  After Hours Phone: (619) 515-2300  Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>
	<p style="text-align: center;"><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>SEBRING, JAN Provider ID: 206360</p>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄



Provider Gender: Female
License Number: RN486421
NPI: 1295750339
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER






TAYLOR, KAYLA
Provider ID: 206362
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)

515-2424
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER







TAYLOR, KAYLA
Provider ID: 206362
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA

Provider ID: 417429
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO




 1550 BROADWAY STE 2
SAN DIEGO, CA 92101
 Phone: (619) 515-2525
 After Hours Phone: (619)
515-2525
 Website: www.fhcsd.org
Medi-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

TODD, MIKAYLA
Provider ID: 517998
Provider Gender: Female
License Number: NP95005999
NPI: 1316478092
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

C. 初級保健名錄

 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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300



 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER




CERTIFIED NURSE PRACTITIONER


TUEROS, VICTORIA

Provider ID: 206360
Provider Gender: Female
License Number: NP2286
NPI: 1598989261

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300



 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER




CERTIFIED NURSE PRACTITIONER


VEGA, TERESA

Provider ID: 206360
Provider Gender: Female
License Number: NP95001705
NPI: 1912304569

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300



 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

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)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)
515-2422

 Website: www.fhcsd.org

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


WEICKERT, MARIA

Provider ID: 417429

Provider Gender: Female

License Number: NP95010814


NPI: 1841758984


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)
515-2525


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

WILLIAMS, BREAHA

Provider ID: 185268

Provider Gender: Female

License Number: NP95001840

NPI: 1063884864


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)
255-9155


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

WOLF, CELIA

Provider ID: 417937

Provider Gender: Female

License Number: NP95001899

NPI: 1245635564


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF

SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA

Provider ID: 206360

Provider Gender: Female

License Number: NM792

NPI: 1174553259


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>N  <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>NPI: 1104572007</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i></p>	<p> <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i></p>
<u>CERTIFIED REGISTERED</u>		
<u>NURSE MIDWIFE</u>		
GEPSHTEIN, YANA		
<p><i>Provider ID: 402851</i> <i>Provider Gender: Female</i> <i>License Number: NM1662</i></p>	<p><i>Cultural Competency: N</i> <i>Hospital Affiliation: Providence Santa Rosa Memorial Hospital</i> <i>Board Certified Specialty: No</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p> <i>Website: www.syhealth.org /clinics/king- chavez- health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>
<p><i>NPI: 1396956512</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Hebrew</i></p>	<p> 1809 NATIONAL AVE SAN DIEGO, CA 92113  <i>Phone: (619) 515-2300</i>  <i>After Hours Phone: (619) 515-2300</i></p>	<p> <i>Website: www.syhealth.org /clinics/king- chavez- health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<p><i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p> <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>	<p><u>CHIROPRACTOR</u></p>
<p> 3705 MISSION BLVD SAN DIEGO, CA 92109  <i>Phone: (619) 515-2444</i>  <i>After Hours Phone: (619) 515-2444</i></p>	<p> <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>	<p>CABALLERO, JAMES <i>Provider ID: 418535</i> <i>Provider Gender: Male</i> <i>License Number: DC27726</i> <i>NPI: 1093991549</i></p>
<p> <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> OPERATION SAMAHAN</p>
<u>CHIROPRACTOR</u>		
<p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><u>CHIROPRACTOR</u></p>	<p>ASSADIAN, MEHRAK <i>Provider ID: 451167</i> <i>Provider Gender: Female</i> <i>License Number: DC27523</i> <i>NPI: 1295278281</i></p>
<p><u>CERTIFIED REGISTERED</u> <u>NURSE MIDWIFE</u></p>	<p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Turkish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CAL-PHP</p>	<p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  <i>Phone: (844) 200-2426</i>  <i>After Hours Phone: (844) 200-2426</i></p>
<p>TOLMIE, SIMONE <i>Provider ID: 206360</i> <i>Provider Gender: Female</i> <i>License Number: NM236263</i></p>	<p> 950 S EUCLID AVE SAN DIEGO, CA 92114</p>	<p> <i>Website: www.operationsamahan.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-TU</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

CHIROPRACTOR

CABALLERO, JAMES

Provider ID: 417101
Provider Gender: Male
License Number: DC27726
NPI: 1093991549

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426

Website: www.operationsamahan.org

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: 417101
Provider Gender: Male
License Number: DC15775
NPI: 1821463159

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426

Website: www.operationsamahan.org

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
OPERATION SAMAHAN

9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

Phone: (844) 200-2426
 After Hours Phone: (844)

200-2426

Website: www.operationsamahan.org

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

HALEY, STEVEN

Provider ID: 185268
Provider Gender: Male
License Number: DC25697
NPI: 1083764484

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 280-4213
 After Hours Phone: (619)
280-4213

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PROVIDER
 Hours: M-F 8AM-5PM

CHIROPRACTOR


HOURIHAN, KEITH

Provider ID: 185268

Provider Gender: Male

License Number: DC29314

NPI: 1306916994


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)
280-4213

 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

CHIROPRACTOR


ILCHENA, ALESANDRA

Provider ID: 185268

Provider Gender: Female

License Number: DC32800

NPI: 1871046664

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 798-3947

 After Hours Phone: (619)
798-3947


 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

CHIROPRACTOR


KAZEM, AHMAD

Provider ID: 227409

Provider Gender: Male

License Number: DC33300


NPI: 1003296096


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Persian

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

CHIROPRACTOR

LOVERN, JENNIFER


Provider ID: 418535

Provider Gender: Female

License Number: DC29074

NPI: 1235469396


 Provider English Spoken: Y


 Provider Language(s)
Spoken: French, Italian,
Spanish


Cultural Competency: N


Board Certified Specialty: No

OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426


 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TU

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






C. 初級保健名錄

8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

CHIROPRACTOR

OLSEN, MARTIN

Provider ID: 402851
Provider Gender: Male
License Number: DC20729
NPI: 1730247990
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO







 3705 MISSION BLVD
SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619)
515-2444
 Website: www.fhcsd.org
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
FAMILY HEALTH CENTERS OF
SAN DIEGO



 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-9PM
F 8AM-5PM

CHIROPRACTOR

ROJAS, RICHARD

Provider ID: 417937
Provider Gender: Male
License Number: DC31024
NPI: 1538318811
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO







 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 9AM-5PM

CHIROPRACTOR

SOSA, DAVID

Provider ID: 417937
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-9PM
F 8AM-5PM

CHIROPRACTOR

SOSA, DAVID

Provider ID: 206363
Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


License Number: DC33150


NPI: 1013308675


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102


 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR


TAGHIZADEH, MAJID


Provider ID: 417937

Provider Gender: Male

License Number: DC30121

NPI: 1750590600


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Persian,
Turkish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 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
8:30AM-5:30PM

CHIROPRACTOR

TRUONG, VENNES

Provider ID: 417101

Provider Gender: Female

License Number: DC34907


NPI: 1053919928


 Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No
OPERATION SAMAHAN

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426


 Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-4:30PM


CLINIC OUTPATIENT

OPERATION SAMAHAN

RANCHO PENASQUITOS,

Provider ID: 418535


NPI: 1699216622

 Provider English Spoken: Y
Cultural Competency: N


OPERATION SAMAHAN


 9995 CARMEL MOUNTAIN
RD STE B10 AND B11

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074


 After Hours Phone: (844)
200-2426


 Website: www.operationsa
mahan.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

GREEN HOSPITAL, SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

DERMATOLOGY

CARTER, NATASHA

Provider ID: 206363

Provider Gender: Female

License Number: A140912

NPI: 1033539184

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY METABOLISM DIABETES

AHMAD, AAKIF

Provider ID: 206360

Provider Gender: Male

License Number: 20A12732

NPI: 1720308331

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

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,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-7PM

TU-TH 8AM-6PM

F 8AM-5:30PM

ENDOCRINOLOGY METABOLISM DIABETES

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


CHANG, AMY

Provider ID: 206360

Provider Gender: Female

License Number: A93385

NPI: 1750568911

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SADDLEBACK MEMORIAL

MED CTR, SCRIPPS GREEN

HOSPITAL


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF

SAN DIEGO

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

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

FAMILY HEALTH CENTERS OF


SAN DIEGO

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY

METABOLISM DIABETES

HOSEIN, NADEEN

Provider ID: 417937

Provider Gender: Female

License Number: A113255

NPI: 1912051715


 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

ENDOCRINOLOGY

METABOLISM DIABETES

ISLAM, JULIE


Provider ID: 206363

Provider Gender: Female

License Number: A149552

NPI: 1750780516

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Bengali, Spanish

Cultural Competency: N


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF

SAN DIEGO

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


















American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p style="text-align: center;">ENDOCRINOLOGY METABOLISM DIABETES</p> <p>LEVINE, MATTHEW Provider ID: 206360 Provider Gender: Male License Number: A77126 NPI: 1801994231</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</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</p>	<p>License Number: A129599 NPI: 1487913315</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</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</p>	<p>DIEGO, SCRIPPS GREEN HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113  Phone: (619) 515-2300  After Hours Phone: (619) 515-2300  Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-TU 8:30AM-6PM TH 8:30AM-6PM F 8:30AM-5PM SA 8:30AM-5PM</p>
<p style="text-align: center;">ENDOCRINOLOGY METABOLISM DIABETES</p> <p>LORENZO, PATRICIA Provider ID: 206360 Provider Gender: Female</p>	<p style="text-align: center;">ENDOCRINOLOGY METABOLISM DIABETES</p> <p>MCCALLUM, JAMES Provider ID: 206360 Provider Gender: Male License Number: A55708 NPI: 1609838994</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN</p>	<p style="text-align: center;">ENDOCRINOLOGY METABOLISM DIABETES</p> <p>NAGELBERG, JODI Provider ID: 206360 Provider Gender: Female License Number: A146838 NPI: 1720474141</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE</p>





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。





C. 初級保健名錄

SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER








ENDOCRINOLOGY

METABOLISM DIABETES







PHILIS-TSIMIKAS, ATHENA
 Provider ID: 206360
 Provider Gender: Female
 License Number: A50477
 NPI: 1922105964
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Greek
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS, SCRIPPS GREEN
 HOSPITAL, SCRIPPS
 MEMORIAL HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300

 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM

FAMILY PRACTICE

ABDALLAH, ALI
 Provider ID: 206363
 Provider Gender: Male
 License Number: 20A15471
 NPI: 1649699968
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
 515-2560
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE


ALVAREZ-ESTRADA, MIGUEL
 Provider ID: 227409
 Provider Gender: Male
 License Number: A157505
 NPI: 1588197826
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MERCY
 HOSPITAL, PARADISE VALLEY
 HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: [https://www.syhe
 alth.org/locations](https://www.syhealth.org/locations)
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE


BACHARACH, REBECCA
 Provider ID: 417937
 Provider Gender: Female
 License Number: 20A15459
 NPI: 1225442643


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
 SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*


 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-9PM F 8AM-5PM*

FAMILY PRACTICE


BAGINGITO, AUSTIN

Provider ID: 417937


Provider Gender: Male


License Number: A163977


NPI: 1942705637

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
 SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*


 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-9PM F 8AM-5PM*

FAMILY PRACTICE


BAGINGITO, AUSTIN

Provider ID: 206360


Provider Gender: Male


License Number: A163977

NPI: 1942705637

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

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
FAMILY HEALTH CENTERS OF SAN DIEGO

 1550 BROADWAY STE 2
 SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*

 *After Hours Phone: (619) 515-2525*


 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM*

FAMILY PRACTICE

BAHRAMZI, MARIA

Provider ID: 417987


Provider Gender: Female

License Number: A173486

NPI: 1588141865

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Pashto*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4874 POLK AVE
 SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

☎ After Hours Phone: (619) 515-2426

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAHRAMZI, MARIA

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Pashto

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 3544 30TH ST

SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

☎ After Hours Phone: (619) 515-2424

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAHRAMZI, MARIA

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Pashto

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 3544 30TH ST

SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

☎ After Hours Phone: (619) 515-2424

🌐 Website: www.fhcsd.org

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

FAMILY HEALTH CENTERS OF

SAN DIEGO

📍 1809 NATIONAL AVE

SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

☎ After Hours Phone: (619) 515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAUTISTA, LUIS

Provider ID: 517403

Provider Gender: Male

License Number: A97270

NPI: 1295712206

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

ST AGNES MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 316 25TH ST

SAN DIEGO, CA 92102

☎ Phone: (619) 238-5551

☎ After Hours Phone: (619) 238-5551

🌐 Website: N/A

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A165398

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


BISHOP, MELISSA

Provider ID: 403583

Provider Gender: Female

License Number: C137521

NPI: 1578667077

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

 Phone: (619) 645-6405

 After Hours Phone: (619) 645-6405

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

BODIFORD, SAMANTHA

Provider ID: 214492

Provider Gender: Female


License Number: A165398


NPI: 1730684200

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD
SAN DIEGO, CA 92154

 Phone: (619) 429-3733

 After Hours Phone: (619) 429-3733


 Website: www.ibclinic.org
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

FAMILY PRACTICE


BORTNER, ADAM

Provider ID: 417937

Provider Gender: Male

License Number: A164879


NPI: 1811491749

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545


 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

FAMILY PRACTICE

BORTNER, ADAM

Provider ID: 206363

Provider Gender: Male

License Number: A164879

NPI: 1811491749


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT






























請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PROVIDER	NPI: 1346337904	SAN DIEGO, CA 92113
FAMILY PRACTICE	Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No	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
BRADY, PATRICIA Provider ID: 403583 Provider Gender: Female License Number: C53121 NPI: 1952390437 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 1501 IMPERIAL AVE SAN DIEGO, CA 92101 Phone: (619) 233-8500 After Hours Phone: (619) 233-8500 Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-W 8:30AM-5PM TH 8:30AM-9PM F 8:30AM-5PM	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	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	FAMILY PRACTICE	FAMILY PRACTICE
BRODSKY, MARK Provider ID: 402851 Provider Gender: Male License Number: C53623	BROWN, BRANDON Provider ID: 206360 Provider Gender: Male License Number: A148499 NPI: 1013399559 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE	BURTON, LUCAS Provider ID: 206362 Provider Gender: Male License Number: 20A20786 NPI: 1376171520 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104 Phone: (619) 515-2424 After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL):


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-5:30PM</p> <hr/> <p>FAMILY PRACTICE</p> <p>BURTON, LUCAS</p> <p>Provider ID: 206362</p> <p>Provider Gender: Male</p> <p>License Number: 20A20786</p> <p>NPI: 1376171520</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST SAN DIEGO, CA 92104</p> <p> Phone: (619) 515-2424</p> <p> After Hours Phone: (619) 515-2424</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-5:30PM</p> <hr/> <p>FAMILY PRACTICE</p> <p>CAMPBELL, BRIANNA</p> <p>Provider ID: 451167</p> <p>Provider Gender: Female</p>	<p>License Number: A157488</p> <p>NPI: 1316479892</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: CHULA VISTA COMM HOSP</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114</p> <p> Phone: (619) 662-4194</p> <p> After Hours Phone: (619) 662-4194</p> <p> Website: www.syhealth.org/clinics/king-chavez-health-center</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <hr/> <p>FAMILY PRACTICE</p> <p>CAMPOS, PRISCILLA</p> <p>Provider ID: 206360</p> <p>Provider Gender: Female</p> <p>License Number: A152651</p> <p>NPI: 1508217399</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF</p>	<p>SAN DIEGO</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113</p> <p> Phone: (619) 515-2300</p> <p> After Hours Phone: (619) 515-2300</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <hr/> <p>FAMILY PRACTICE</p> <p>CARRIEDO-CENICEROS, MARIA</p> <p>Provider ID: 227409</p> <p>Provider Gender: Female</p> <p>License Number: A78373</p> <p>NPI: 1295746618</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: https://www.syhealth.org/locations</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>
---	---	--

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

CHOU, BILL

Provider ID: 417937

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

CHOU, BILL

Provider ID: 206362

Provider Gender: Male

License Number: 20A14794


NPI: 1730448101


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF

SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

CHOU, BILL

Provider ID: 206362

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

CHUN, HYUN

Provider ID: 206360

Provider Gender: Male

License Number: A163978

NPI: 1083118988


Provider English Spoken: Y


Provider Language(s) Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

COLLINS, WILLIAM

Provider ID: 417937

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

JOLLA JOHN SALLY
THORNTON

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU-SA 8AM-9PM

FAMILY PRACTICE

COLLINS, WILLIAM

Provider ID: 206362

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU-SA
8:30AM-5:30PM

FAMILY PRACTICE

COLLINS, WILLIAM

Provider ID: 206362

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU-SA
8:30AM-5:30PM

FAMILY PRACTICE

CORMAN, DANIEL

Provider ID: 402851

Provider Gender: Male

License Number: 20A13060

NPI: 1629339593

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)
515-2444

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

DAPPEN, AMANDA

Provider ID: 227409

Provider Gender: Female

License Number: A153414

NPI: 1689037111

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

DAVIS, DEIRDRE

Provider ID: 451167
 Provider Gender: Female
 License Number: A165432
 NPI: 1265921365
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE
 SAN DIEGO, CA 92114
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/king-chavez-health

h- center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-4PM

FAMILY PRACTICE

DOSCAS, MICHELLE

Provider ID: 206360
 Provider Gender: Female
 License Number: A163633
 NPI: 1306343421

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL, UCSD
 LA JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER

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
 IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE
 SAN DIEGO, CA 92114
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/king-chavez-health

h- 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Board Certified Specialty: No
**FAMILY HEALTH CENTERS OF
SAN DIEGO**

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)
515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-TH 8AM-9PM
F 8AM-5PM*

FAMILY PRACTICE


GLEASON ROHRER, GWEN

Provider ID: 233597

Provider Gender: Female

License Number: A112176

NPI: 1710140462

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N


*Hospital Affiliation: UCSD
MEDICAL CTR*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)
563-0250

 Website: www.sdfamilycare

.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

FAMILY PRACTICE


GLEASON ROHRER, GWEN

Provider ID: 233532

Provider Gender: Female

License Number: A112176

NPI: 1710140462

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N


*Hospital Affiliation: UCSD
MEDICAL CTR*

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)
280-2058

 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

FAMILY PRACTICE

GRIFFITHS, KENNETH

Provider ID: 417937

Provider Gender: Male

License Number: C52451


NPI: 1760563068

 *Provider English Spoken: Y*


Cultural Competency: N


*Hospital Affiliation: UCSD
MEDICAL CTR*

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)
515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-TH 8AM-9PM
F 8AM-5PM*

FAMILY PRACTICE

GUTIERREZ, TANIA


Provider ID: 417987

Provider Gender: Female

License Number: 20A19345

NPI: 1285196311

 *Provider English Spoken: Y*


 *Provider Language(s)
Spoken: Spanish*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4874 POLK AVE
 SAN DIEGO, CA 92105
 Phone: (619) 515-2426
 After Hours Phone: (619) 515-2426

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER




 Hours: M-F
 8:30AM-5:30PM


FAMILY PRACTICE

HAMILTON, LISA MARIE

Provider ID: 418142
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO


 5160 FEDERAL BLVD
 SAN DIEGO, CA 92105
 Phone: (619) 515-2454
 After Hours Phone: (619) 515-2454

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
 8:30AM-5:30PM

FAMILY PRACTICE


HAMILTON, LISA MARIE

Provider ID: 206363
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059

 *Provider English Spoken: Y*
Cultural Competency: N


Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
 8:30AM-5:30PM


FAMILY PRACTICE

HEINRICI, ALEKA

Provider ID: 451167

Provider Gender: Female

License Number: A125329
NPI: 1780979120

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
 SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4PM

FAMILY PRACTICE

HENDRIX, JEFFERSON

Provider ID: 631494
Provider Gender: Male
License Number: A32571
NPI: 1235142738

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

KAUFHOLD, ANNE

Provider ID: 227409

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

KAUFMAN, JENNIFER 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
FAMILY HEALTH CENTERS OF
SAN DIEGO

4874 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619)
515-2426

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

KEFLEZIGHI, BAHGHI

Provider ID: 206363

Provider Gender: Female

License Number: A100391

NPI: 1124210844

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, RADY CHILDRENS
HOSPITAL SAN DIEGO

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

Fax: (619) 263-2499

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

KIDDER, BRENDAN

Provider ID: 227409

Provider Gender: Male

License Number: A112379

NPI: 1275793929

Provider English Spoken: Y

Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

LACH, REBECCA

Provider ID: 206362

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

LACH, REBECCA

Provider ID: 206362

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

LACH, REBECCA

Provider ID: 417937

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM
F 8AM-5PM

FAMILY PRACTICE

LEE, SANDRINE

Provider ID: 206362

Provider Gender: Female

License Number: 20A15068

NPI: 1073909651

Provider English Spoken: Y

Provider Language(s)
Spoken: French




Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




C. 初級保健名錄


SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER


FAMILY PRACTICE

LEE, SANDRINE

Provider ID: 206362
Provider Gender: Female
License Number: 20A15068
NPI: 1073909651
 Provider English Spoken: Y
 Provider Language(s)
Spoken: French
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LINDEMAN, KURTIS

Provider ID: 403583
Provider Gender: Male
License Number: A104052
NPI: 1124155791


Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619) 233-8500

 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM




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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


FAMILY PRACTICE

LOUGH, MICHELLE

Provider ID: 206363
Provider Gender: Female
License Number: A165872
NPI: 1053816496

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO





























 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>N  <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <hr/> <p>LU, JULIE <i>Provider ID: 418142</i> <i>Provider Gender: Female</i> <i>License Number: 20A14804</i> <i>NPI: 1619210614</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> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 5160 FEDERAL BLVD SAN DIEGO, CA 92105  <i>Phone: (619) 515-2454</i>  <i>After Hours Phone: (619) 515-2454</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <hr/> <p>MANDOYAN, AUSTIN <i>Provider ID: 206360</i> <i>Provider Gender: Female</i> <i>License Number: A161682</i></p>	<p><i>NPI: 1841726148</i></p> <p> <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>Board Certified Specialty: No</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113  <i>Phone: (619) 515-2300</i>  <i>After Hours Phone: (619) 515-2300</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M 8AM-7PM TU-TH 8AM-6PM F 8AM-5:30PM SA 8AM-5PM</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <hr/> <p>MARSTON, JACQUELINE <i>Provider ID: 206046</i> <i>Provider Gender: Female</i> <i>License Number: 20A12402</i> <i>NPI: 1417205055</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i></p>	<p><i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CAL-PHP</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): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <hr/> <p>MARSTON, JACQUELINE <i>Provider ID: 206046</i> <i>Provider Gender: Female</i> <i>License Number: 20A12402</i> <i>NPI: 1417205055</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CAL-PHP</p> <p> 6973 LINDA VISTA RD SAN DIEGO, CA 92111  <i>Phone: (858) 279-0925</i>  <i>After Hours Phone: (858) 279-0925</i></p>
---	---	--




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



C. 初級保健名錄

 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE





MARSTON, JACQUELINE



Provider ID: 482070
 Provider Gender: Female
 License Number: 20A12402
 NPI: 1417205055
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858)
 810-8700

 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MATICH, BRANKO

Provider ID: 482070
 Provider Gender: Male
 License Number: C174985
 NPI: 1023437704
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858)
 810-8700
 Website: www.sdfamilycare.org




Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-8:30PM
 W-F 8:30AM-5:30PM
 SA 9AM-4PM

FAMILY PRACTICE

MATICH, BRANKO

Provider ID: 206046
 Provider Gender: Male
 License Number: C174985
 NPI: 1023437704
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858)
 279-0925
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM



FAMILY PRACTICE

MATICH, BRANKO

Provider ID: 206046
 Provider Gender: Male
 License Number: C174985
 NPI: 1023437704
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858)
 279-0925
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F
8:30AM-5:30PM*

FAMILY PRACTICE

MCLAUGHLIN, ERIK

Provider ID: 207382
Provider Gender: Male
License Number: C176574
NPI: 1861637217
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 2630 1ST AVE
 SAN DIEGO, CA 92103
 *Phone: (619) 234-2158*
 *After Hours Phone: (619)
234-2158*
 *Website: WWW.SDAIHC.ORG*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
Indian Health Services: Y

FAMILY PRACTICE





MELGAR, MONICA



Provider ID: 402851
Provider Gender: Female
License Number: A154399
NPI: 1629432174

 *Provider English Spoken: Y*
 *Provider Language(s)
Spoken: Spanish*
Cultural Competency: N
Board Certified Specialty: No
*FAMILY HEALTH CENTERS OF
SAN DIEGO*
 3705 MISSION BLVD
 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*

FAMILY PRACTICE

MORALES, ALEJANDRA

Provider ID: 227409
Provider Gender: Female
License Number: A162332
NPI: 1063945657
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 *Phone: (619) 662-4100*
 *After Hours Phone: (619)*

662-4100
 *Website: https://www.syhealth.org/locations*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

NAVARRO, VANESSA MARIA

Provider ID: 631494
Provider Gender: Female
License Number: A113624
NPI: 1952563421
 *Provider English Spoken: Y*
 *Provider Language(s)
Spoken: Filipino, Spanish,
Tagalog*
Cultural Competency: N
*Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR*
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1666 PRECISION PARK LN
 SAN DIEGO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619)
662-4100*
 *Website: www.syhealth.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


NGUYEN, NGOC


Provider ID: 517998

Provider Gender: Male

License Number: A74094

NPI: 1184668105

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Vietnamese*


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *4690 EL CAJON BLVD SAN DIEGO, CA 92115*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


NGUYEN CLEARY, THAI

Provider ID: 417937

Provider Gender: Male

License Number: A86079

NPI: 1467442624

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Vietnamese*


Cultural Competency: N


Hospital Affiliation:


HOLLYWOOD PRESBYTERIAN MED CTR

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 *4094 4TH AVE SAN DIEGO, CA 92103*

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*


 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-9PM F 8AM-5PM*

FAMILY PRACTICE


IAZI, HARRIS

Provider ID: 206360

Provider Gender: Male

License Number: A146111

NPI: 1174905871

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Farsi*


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 *1809 NATIONAL AVE SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

NORRIS, JEFFREY

Provider ID: 403583

Provider Gender: Male

License Number: A136275

NPI: 1073870374

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 *1501 IMPERIAL AVE SAN DIEGO, CA 92101*

 *Phone: (619) 233-8500*


 *After Hours Phone: (619) 233-8500*

 *Website: N/A*

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Hours: M-F 8AM-5PM

FAMILY PRACTICE


NUQUI, JOSIE


Provider ID: 432308

Provider Gender: Female

License Number: A71544

NPI: 1184773673


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish, Tagalog


Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426


 Website: www.operationsamahan.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8:30AM-5PM
SA 8:30AM-5PM

FAMILY PRACTICE

ORTIZ, KENNETH

Provider ID: 517403

Provider Gender: Male

License Number: A156607

NPI: 1356761571

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 316 25TH ST
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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

PAYAMI, MADDIHA

Provider ID: 417429


Provider Gender: Female


License Number: 20A14012


NPI: 1336484104


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)
515-2525


 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PEREZ, PERLITA

Provider ID: 206363

Provider Gender: Female

License Number: A119689

NPI: 1174810972

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

POSADA, SEAN

Provider ID: 206360

Provider Gender: Male

License Number: A180171

NPI: 1295100691

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

PROPST, TOBE

Provider ID: 403583

Provider Gender: Male

License Number: A82123

NPI: 1194814277

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

RAGUVEER, VISHAKA

Provider ID: 418535

Provider Gender: Female

License Number: A172736

NPI: 1740609387

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN

RD STE B10 AND B11

SAN DIEGO, CA 92129

Phone: (916) 419-7292

After Hours Phone: (916)
419-7292

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

FAMILY PRACTICE

RAGUVEER, VISHAKA

Provider ID: 618164

Provider Gender: Female

NPI: 1740609387

Provider English Spoken: Y

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-7PM
TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

FAMILY PRACTICE

RIDGE, NEAL

Provider ID: 631494

Provider Gender: Male

License Number: 20A6920

NPI: 1053381004

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

RITTER, STEVEN

Provider ID: 451167

Provider Gender: Male

License Number: 20A7435

NPI: 1356556021

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/king- chavez- healt
h- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

RODRIGUEZ, LOUIE

Provider ID: 206360

Provider Gender: Male

License Number: A176144

NPI: 1558823625

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

RODRIGUEZ, LOUIE

Provider ID: 417937

Provider Gender: Male

License Number: A176144

NPI: 1558823625

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

RODRIGUEZ, SEAN

Provider ID: 227409

Provider Gender: Male

License Number: A120576

NPI: 1780909903

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROSADO, IVAN

Provider ID: 517403

Provider Gender: Male

License Number: A169434


NPI: 1316479603


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 316 25TH ST
SAN DIEGO, CA 92102

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

ROSENBAUM, HERBERT

Provider ID: 631494

Provider Gender: Male

License Number: A169694

NPI: 1922532712


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN
SAN DIEGO, CA 92173

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


SCHUMAKER, EDWARD

Provider ID: 185268

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N


Board Certified Specialty: No LA MAESTRA FAMILY CLINIC

 *4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105*

 *Phone: (619) 255-9155*

Fax: (619) 284-4731

 *After Hours Phone: (619) 255-9155*


 *Website: www.lamaestra.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM
SA 8AM-2PM*

FAMILY PRACTICE

SCOTT, LAGINA

Provider ID: 206360

Provider Gender: Female


License Number: A160489


NPI: 1558897009


 *Provider English Spoken: Y*
Cultural Competency: N

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *1809 NATIONAL AVE
SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

SCOTT, RYLEE

Provider ID: 402851

Provider Gender: Male


License Number: A162946


NPI: 1457887911


 *Provider English Spoken: Y*
Cultural Competency: N

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *3705 MISSION BLVD
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

SHEIKH, ZARA

Provider ID: 233597

Provider Gender: Female

License Number: A163512

NPI: 1952808727


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Urdu*


Cultural Competency: N

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *4290 POLK AVE
SAN DIEGO, CA 92105*

 *Phone: (619) 563-0250*

 *After Hours Phone: (619) 563-0250*


 *Website: www.sdfamilycare.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 8AM-2PM*

FAMILY PRACTICE

SHEIKH, ZARA

Provider ID: 233532

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female

License Number: A163512

NPI: 1952808727

Provider English Spoken: Y

Provider Language(s)
Spoken: Urdu

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)
280-2058

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

FAMILY PRACTICE

SHIRAKI, JEAN

Provider ID: 417987

Provider Gender: Female

License Number: 20A17577

NPI: 1144684382

Provider English Spoken: Y

Provider Language(s)
Spoken: Japanese

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619)
515-2426

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

SHUMILAK, KAILI

Provider ID: 418142

Provider Gender: Female

License Number: 20A12796

NPI: 1831489855

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

5160 FEDERAL BLVD

SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)
515-2454

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

SMOOT, CHARLES

Provider ID: 356145

Provider Gender: Male

License Number: A97036

NPI: 1245490358

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

2391 ISLAND AVE

SAN DIEGO, CA 92102

Phone: (619) 515-2435

After Hours Phone: (619)
515-2435

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

SMOOT, CHARLES

Provider ID: 206360

Provider Gender: Male

License Number: A97036

NPI: 1245490358




Provider English Spoken: Y


Provider Language(s)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619) 515-2300*



 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 9AM-5PM*




FAMILY PRACTICE


SNYDER, CHRISTOPHER

Provider ID: 517998
Provider Gender: Male
License Number: 20A7502
NPI: 1922041235

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: PIH Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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


SOPHY, ELIZABETH

Provider ID: 403583
Provider Gender: Female
License Number: A157547
NPI: 1013441203

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 *Phone: (619) 233-8500*
 *After Hours Phone: (619) 233-8500*

 *Website: N/A*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM*

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
IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD
SAN DIEGO, CA 92154
 *Phone: (619) 429-3733*
 *After Hours Phone: (619) 429-3733*

 *Website: www.ibclinic.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


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

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)
233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE


THAI, JUSTIN

Provider ID: 206360

Provider Gender: Male

License Number: A177462

NPI: 1093276198

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


THAI, JUSTIN

Provider ID: 417937

Provider Gender: Male

License Number: A177462

NPI: 1093276198


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

FAMILY PRACTICE

THOMAS, ZACHARY

Provider ID: 417987

Provider Gender: Male

License Number: A145023

NPI: 1326453119

 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4874 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)
515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

TRAN, UYEN THAO

Provider ID: 206360

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female

License Number: A76709

NPI: 1891720355

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 795-2756

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

TRAN, TONNIA

Provider ID: 233597

Provider Gender: Female

License Number: 20A7662

NPI: 1982746657

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619)
563-0250

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

TRUONG, NHA

Provider ID: 417937

Provider Gender: Female

License Number: 20A17836

NPI: 1760975833

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2400

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

FAMILY PRACTICE

TSUCHIYA, KIMIKO

Provider ID: 417782

Provider Gender: Female

License Number: 20A19610

NPI: 1629637285

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101

Phone: (619) 515-2430

After Hours Phone: (619)
515-2430

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FAMILY PRACTICE

VALENZUELA, TRICIA

Provider ID: 206363

Provider Gender: Female






License Number: A161373

NPI: 1346776358

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄



 *Provider English Spoken: Y*
 *Provider Language(s)
Spoken: Spanish*
Cultural Competency: N
Board Certified Specialty: No
**FAMILY HEALTH CENTERS OF
SAN DIEGO**

 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


VILLA, MARIA

Provider ID: 107710
Provider Gender: Female
NPI: 1861541385
 *Provider English Spoken: Y*
 *Provider Language(s)
Spoken: Spanish, Tagalog*
Cultural Competency: N
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 655 SATURN BLVD STE J
SAN DIEGO, CA 92154
 *Phone: (619) 575-4442*
Fax: (619) 575-1297
 *After Hours Phone: (619)
575-4442*
 *Website: N/A*




Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
*American Sign Language (ASL):
N*
 *Accessibility: CONTACT
PROVIDER*
 *Hours: M-F 8:30AM-5PM*

FAMILY PRACTICE

WANG, REGINA







Provider ID: 403583
Provider Gender: Female
License Number: A109828
NPI: 1154554871
 *Provider English Spoken: Y*
Cultural Competency: N
*Hospital Affiliation: LONG
BEACH MEMORIAL MED CTR,
UCSD MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON*

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 *Phone: (619) 233-8500*
 *After Hours Phone: (619)
233-8500*

 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
*American Sign Language (ASL):
N*
 *Accessibility: CONTACT
PROVIDER*
 *Hours: M-F 8AM-5:30PM*



FAMILY PRACTICE

WHITE, KATHERINE

Provider ID: 227409
Provider Gender: Female
License Number: A120447
NPI: 1801112925
 *Provider English Spoken: Y*
Cultural Competency: N
*Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL*
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
 *Phone: (619) 662-4100*
 *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*

FAMILY PRACTICE




WU, JENNIFER


Provider ID: 403583
Provider Gender: Female
License Number: A54702
NPI: 1215953013
 *Provider English Spoken: Y*
 *Provider Language(s)
Spoken: Mandarin, Spanish*



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 *Phone: (619) 233-8500*
 *After Hours Phone: (619)*
233-8500



 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 *Phone: (619) 515-2545*

 *After Hours Phone: (619)*
515-2545

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None



American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

FAMILY PRACTICE




ZINK, IRENE


Provider ID: 227409
Provider Gender: Female
License Number: C54198
NPI: 1215959549

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: German

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
 *Phone: (619) 662-4100*
 *After Hours Phone: (619)*
662-4100

 *Website: https://www.syhe*
alth.org/locations

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N


 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5PM*


FQHC

DIAMOND NEIGHBORHOODS **FAMILY HLTH CTRS INC,**


Provider ID: 206363
NPI: 1982747671

 *Provider English Spoken: Y*
Cultural Competency: N
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*
Fax: (619) 263-2499

 *After Hours Phone: (619)*
515-2560

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER


FQHC

DOWNTOWN FAMILY CTR AT **CONNECTIONS,**

Provider ID: 417782
NPI: 1588901045

 *Provider English Spoken: Y*
Cultural Competency: N
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1250 6TH AVE STE 100
SAN DIEGO, CA 92101

 *Phone: (619) 515-2430*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Fax: (619) 578-2410

📞 After Hours Phone: (619) 515-2430

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

FQHC

FAMILY HEALTH CTR IBARRA,

Provider ID: 417987

NPI: 1477953933

📄 Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 4874 POLK AVE
SAN DIEGO, CA 92105

📞 Phone: (619) 515-2426

Fax: (619) 255-8002

📞 After Hours Phone: (619) 515-2426

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HEALTH CTR OF SD-

ELM ST,

Provider ID: 419167

NPI: 1316419070

📄 Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 140 ELM ST
SAN DIEGO, CA 92101

📞 Phone: (619) 515-2520

Fax: (619) 231-0431

📞 After Hours Phone: (619) 515-2520

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

FQHC

FAMILY HEALTH CTR SAN

DIEGO-OAK PARK,

Provider ID: 418142

NPI: 1336525906

📄 Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 5160 FEDERAL BLVD
SAN DIEGO, CA 92105

📞 Phone: (619) 515-2454

Fax: (619) 794-2696

📞 After Hours Phone: (619) 515-2454

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HEALTH CTR SAN

DIEGO-OAK PARK,

Provider ID: 664747

NPI: 1336525906

📄 Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 2114 NATIONAL AVE
SAN DIEGO, CA 92113

📞 Phone: (619) 515-2406

📞 After Hours Phone: (619) 515-2406

🌐 Website: www.fhcsd.org
Medi-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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 419529


NPI: 1235521782

 Provider English Spoken: Y
Cultural Competency: N


**FAMILY HEALTH CENTERS OF
SAN DIEGO**


 2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

Fax: (619) 269-0053

 After Hours Phone: (619)
515-2422


 Website: www.fhcsd.org


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 HLTH CTR SAN
DIEGO- CITY COLLEGE,**


Provider ID: 417429

NPI: 1952729303

 Provider English Spoken: Y
Cultural Competency: N


**FAMILY HEALTH CENTERS OF
SAN DIEGO**

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

Fax: (619) 501-5814

 After Hours Phone: (619)
515-2525

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

FQHC

**FAMILY HLTH CTR SAN
DIEGO-BEACH AREA,**


Provider ID: 402851

NPI: 1386689701

 Provider English Spoken: Y
Cultural Competency: N

**FAMILY HEALTH CENTERS OF
SAN DIEGO**

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

Fax: (858) 488-1394

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 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

**FAMILY HEALTH CENTERS OF
SAN DIEGO**

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

FQHC

**KING CHAVEZ HEALTH
CENTER,**


Provider ID: 451167

NPI: 1538262092

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114




 Phone: (619) 662-4100

Fax: (619) 205-1952



 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。





C. 初級保健名錄




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

FQHC

LA MAESTRA FAMILY CLINIC INC,
 Provider ID: 185268
 NPI: 1336353721
 Provider English Spoken: Y
 Cultural Competency: N
LA MAESTRA FAMILY CLINIC
 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 Phone: (619) 280-4213
 Fax: (619) 795-9849
 After Hours Phone: (619) 280-4213
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FQHC

LINDA VISTA HEALTH CARE CTR,
 Provider ID: 206046
 NPI: 1609905215
 Provider English Spoken: Y
 Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 Fax: (858) 633-4680
 After Hours Phone: (858) 279-0925

 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM




FQHC

LINDA VISTA HEALTH CARE CTR,
 Provider ID: 206046
 NPI: 1780665877
 Provider English Spoken: Y
 Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 Fax: (858) 633-4680
 After Hours Phone: (858)

279-0925
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

FQHC

LOGAN HEIGHTS FAMILY HEALTH CENTER,
 Provider ID: 206360
 NPI: 1447281936
 Provider English Spoken: Y
 Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 Fax: (619) 234-2447

 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FQHC

LOGAN HEIGHTS FAMILY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

HEALTH CENTER,

Provider ID: 624977

NPI: 1447281936

Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

2204 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2355

Fax: (619) 232-7011

After Hours Phone: (619)
515-2355

Website: www.fhcsd.org

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

IHP OF SOUTHERN CAL-PHP

4290 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)
563-0250

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: 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

IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)
280-2058

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

Accessibility: 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

IHP OF SOUTHERN CAL-PHP

1016 OUTER RD
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)
429-3733

Website: www.ibclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5PM
TU-TH 8:30AM-8PM
F 8:30AM-5PM

FQHC

NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 206362

NPI: 1184169963

Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

Fax: (619) 501-0627

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): SAN DIEGO

N

 Accessibility: CONTACT PROVIDER

FQHC

NORTH PARK FAMILY HEALTH CENTERS,


Provider ID: 416831

NPI: 1700821303


 Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

Fax: (619) 683-7586

 After Hours Phone: (619) 515-2424


 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M-TH 8AM-5PM

FQHC

NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 206362

NPI: 1700821303


 Provider English Spoken: Y

Cultural Competency: N


FAMILY HEALTH CENTERS OF

SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

Fax: (619) 501-0627

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FQHC

OPERATION SAMAHAN - MIRA MESA,


Provider ID: 432308

NPI: 1861933897

 Provider English Spoken: Y
Cultural Competency: N


OPERATION SAMAHAN

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

Fax: (858) 536-8034

 After Hours Phone: (844) 200-2426

 Website: www.operationsa
mahan.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


OPERATION SAMAHAN


 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

 Website: www.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

FQHC

OPERATION SAMAHAN RANCHO PENASQUITOS,

Provider ID: 418535

NPI: 1699216622

 Provider English Spoken: Y
Cultural Competency: N

OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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
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
IHP OF SOUTHERN CAL-PHP
📍 2630 1ST AVE
SAN DIEGO, CA 92103
☎ Phone: (619) 234-2158
Fax: (619) 234-0206
🕒 After Hours Phone: (619) 234-2158
🌐 Website: WWW.SDAIHC.ORG
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
Indian Health Services: Y

FQHC

SAN DIEGO FAMILY CARE,
Provider ID: 482070
NPI: 1457724858
☑ Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 810-8700
Fax: (858) 633-4680
🕒 After Hours Phone: (858) 810-8700
🌐 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

FQHC

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,
Provider ID: 517403
NPI: 1598308926
☑ Provider English Spoken: Y

Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
📍 316 25TH ST
SAN DIEGO, CA 92102
☎ Phone: (619) 238-5551
Fax: (619) 238-3807



🕒 After Hours Phone: (619) 238-5551
🌐 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH CHC - OCEAN VIEW,
Provider ID: 227409
NPI: 1326225632
☑ Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
📍 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
☎ Phone: (619) 662-4100
Fax: (619) 595-0258
🕒 After Hours Phone: (619) 662-4100
🌐 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*


FQHC

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,

Provider ID: 517998
NPI: 1205477841

 *Provider English Spoken: Y*
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP

 4690 EL CAJON BLVD
SAN DIEGO, CA 92115


 *Phone: (619) 662-4100*
Fax: (619) 824-9076


 *After Hours Phone: (619)
662-4100*

 *Website: N/A*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM*

FQHC


SAN YSIDRO HEALTH PRECISION PARK,


Provider ID: 631494
NPI: 1124782685

 *Provider English Spoken: Y*
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN

SAN DIEGO, CA 92173

 *Phone: (619) 662-4100*
Fax: (619) 600-4870

 *After Hours Phone: (619)
662-4100*


 *Website: www.syhealth.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N


 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM*

FQHC


SHERMAN HEIGHTS FAMILY HLTH CTRS INC,

Provider ID: 356145
NPI: 1174549232


 *Provider English Spoken: Y*
Cultural Competency: N
FAMILY HEALTH CENTERS OF

SAN DIEGO

 2391 ISLAND AVE
SAN DIEGO, CA 92102

 *Phone: (619) 515-2435*
Fax: (619) 515-2435

 *After Hours Phone: (619)
515-2435*

 *Website: N/A*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT
PROVIDER*

FQHC

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,


Provider ID: 403583


NPI: 1659415131

 *Provider English Spoken: Y*
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*
Fax: (619) 687-1067

 *After Hours Phone: (619)
233-8500*


 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5:30PM*

GASTROENTEROLOGY

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-TH 8AM-9PM
F 8AM-5PM

GASTROENTEROLOGY

GADDIPATI, KISHORE

Provider ID: 417937
Provider Gender: Male
License Number: A111638
NPI: 1720114093

Provider English Spoken: Y
Provider Language(s)
Spoken: Faroese, Hindi,
Spanish, Telugu, Urdu

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

GASTROENTEROLOGY

HAI, FAIZI

Provider ID: 417937
Provider Gender: Male
License Number: A159324
NPI: 1639523228

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
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

STIPHO, SALLY

Provider ID: 417937
Provider Gender: Female
License Number: A104647
NPI: 1467642215

Provider English Spoken: Y
Provider Language(s)
Spoken: French

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, KINDRED
HOSPITAL SAN DIEGO,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Male

License Number: 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
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-4:30PM

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL

Provider ID: 233532

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)
280-2058

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

GENERAL PRACTICE

RECALDE, FRANCISCO

Provider ID: 13850

Provider Gender: Male

NPI: 1538309067

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

3811 EL CAJON BLVD

SAN DIEGO, CA 92105

Phone: (619) 284-5622

Fax: (619) 566-4655

After Hours Phone: (619)
507-3050

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

GENERAL PRACTICE

RECALDE, FRANCISCO

Provider ID: 13850

Provider Gender: Male

NPI: 1538309067

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

3811 EL CAJON BLVD
SAN DIEGO, CA 92105

Phone: (619) 284-5622

Fax: (619) 566-4655

After Hours Phone: (619)
507-3050

Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Hours: M-F 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
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)
255-9155

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE


ALASSIL, SALLY

Provider ID: 419529

Provider Gender: Female

License Number: A122238

NPI: 1982044483

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)
515-2422

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE


ALASSIL, SALLY

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

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
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

INTERNAL MEDICINE

ANDERSON, KENDELL

Provider ID: 417937

Provider Gender: Female

License Number: 20A15598


NPI: 1285028191


 *Provider English Spoken: Y*
Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*


 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

INTERNAL MEDICINE


ANDREWS, JOHN


Provider ID: 403583

Provider Gender: Male

License Number: G71080

NPI: 1003164302


 *Provider English Spoken: Y*


 *Provider Language(s)*

Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
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


ASKAR, MINA

Provider ID: 417937

Provider Gender: Female

License Number: A187343

NPI: 1457939928

 *Provider English Spoken: Y*

 *Provider Language(s)*


Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*


 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-9PM*
F 8AM-5PM

INTERNAL MEDICINE

BENITEZ, MARTHA

Provider ID: 206362

Provider Gender: Female

License Number: 20A19248

NPI: 1124521901

 *Provider English Spoken: Y*

 *Provider Language(s)*


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

INTERNAL MEDICINE

BENITEZ, MARTHA

Provider ID: 206362

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Female
License Number: 20A19248
NPI: 1124521901
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

BOHR, CHRISTINA
Provider ID: 417937
Provider Gender: Female
License Number: 20A17702
NPI: 1841794344
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545

After Hours Phone: (619) 515-2545
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

BRIONES COLMAN, FELICIA
Provider ID: 417937
Provider Gender: Female
License Number: A80153
NPI: 1962517367
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619) 515-2545
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

CHAN, ANDY
Provider ID: 417937
Provider Gender: Male
License Number: 20A20352
NPI: 1104480912
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619) 515-2545
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

CHANDRADAS, SAJIV
Provider ID: 417937
Provider Gender: Male
License Number: A122474
NPI: 1720350465
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
 SAN DIEGO, CA 92103
 *Phone: (619) 515-2545*
 *After Hours Phone: (619) 515-2545*
 *Website: www.fhcsd.org*
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

CHEN, JAMES

Provider ID: 417937
Provider Gender: Male
License Number: A86644
NPI: 1265495691
 Provider English Spoken: Y
 Provider Language(s) Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
 SAN DIEGO, CA 92103
 *Phone: (619) 515-2545*
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N




 *Accessibility: CONTACT PROVIDER*


INTERNAL MEDICINE

CSAPOCZI, PETER

Provider ID: 451167
Provider Gender: Male
License Number: A96919
NPI: 1841357118
 Provider English Spoken: Y
 Provider Language(s) Spoken: Hungarian, Spanish, Ukrainian
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 950 S EUCLID AVE
 SAN DIEGO, CA 92114
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/king-chavez-health-center*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8AM-5PM SA 8AM-4PM*


INTERNAL MEDICINE

CUMMINS, ANDREW

Provider ID: 417937
Provider Gender: Male
License Number: A102764
NPI: 1699917096
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
 SAN DIEGO, CA 92103
 *Phone: (619) 515-2545*
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>INTERNAL MEDICINE</p> <p>CURTIS, MEGAN Provider ID: 206360 Provider Gender: Female License Number: A187390 NPI: 1699138115</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</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: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p>MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 4094 4TH AVE SAN DIEGO, CA 92103 <input type="phone"/> Phone: (619) 515-2545 <input type="phone"/> After Hours Phone: (619) 515-2545 <input type="website"/> Website: www.fhcsd.org 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="website"/> Website: www.fhcsd.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-TH 8AM-9PM F 8AM-5PM</p>
<p>INTERNAL MEDICINE</p> <p>DAHMS, ERIC Provider ID: 417937 Provider Gender: Male License Number: G80316 NPI: 1306808464</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: German Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS</p>	<p>INTERNAL MEDICINE</p> <p>DIEP, KEVIN Provider ID: 417937 Provider Gender: Male License Number: 20A17657 NPI: 1083117865</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 4094 4TH AVE SAN DIEGO, CA 92103 <input type="phone"/> Phone: (619) 515-2545 <input type="phone"/> After Hours Phone: (619) 515-2545</p>	<p>INTERNAL MEDICINE</p> <p>DIXIT, SHUBHAM Provider ID: 417937 Provider Gender: Male License Number: 20A21421 NPI: 1932785367</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Hindi Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 4094 4TH AVE SAN DIEGO, CA 92103 <input type="phone"/> Phone: (619) 515-2545 <input type="phone"/> After Hours Phone: (619) 515-2545 <input type="website"/> Website: www.fhcsd.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-TH 8AM-9PM F 8AM-5PM</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>INTERNAL MEDICINE</p> <p>DODGE, JOHN Provider ID: 417937 Provider Gender: Male License Number: G67831 NPI: 1770510489</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>	<p>Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 9AM-3PM</p>
<p>INTERNAL MEDICINE</p> <p>DOMINGUEZ, FERNANDO Provider ID: 417937 Provider Gender: Male License Number: A154708 NPI: 1972917672</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish</p>	<p>INTERNAL MEDICINE</p> <p>FABELLA, GABRIEL Provider ID: 9774 Provider Gender: Male NPI: 1124060827</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Japanese, Spanish, Tagalog</p> <p>Cultural Competency: N Board Certified Specialty: No COMMUNITY CARE IPA LLC</p> <p> 10737 CAMINO RUIZ STE 115 SAN DIEGO, CA 92126 Phone: (858) 695-1262 Fax: (858) 695-2132 After Hours Phone: (858) 695-1262 Website: N/A</p>	<p>INTERNAL MEDICINE</p> <p>FARASAT, SADAF Provider ID: 206360 Provider Gender: Female License Number: A147939 NPI: 1255696407</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Hindi, Punjabi, Urdu</p> <p>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 FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113 Phone: (619) 515-2300 After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): License Number: A169752
N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE


GEHR, MARC

Provider ID: 417937

Provider Gender: Male

License Number: G67338

NPI: 1306800180

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

GERWER, JOHANNA

Provider ID: 206360


Provider Gender: Female


NPI: 1043742588

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

GUTIERREZ, ANGELICA

Provider ID: 233597

Provider Gender: Female


License Number: A175116


NPI: 1982180329


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 563-0250


 After Hours Phone: (619) 563-0250

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

INTERNAL MEDICINE

HAN, PAUL

Provider ID: 417937

Provider Gender: Male

License Number: A116816

NPI: 1053553339

 Provider English Spoken: Y

 Provider Language(s) Spoken: Korean

Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



C. 初級保健名錄

PROVIDER
 Hours: M-F
 8:30AM-5:30PM

INTERNAL MEDICINE

HAZELBAKER, PAUL

Provider ID: 417782
 Provider Gender: Male
 License Number: 20A7147
 NPI: 1831106103
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO







 1250 6TH AVE STE 100
 SAN DIEGO, CA 92101
 Phone: (619) 515-2430
 After Hours Phone: (619)
 515-2430
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HENDERSON, PHILIP




Provider ID: 417937
 Provider Gender: Male
 License Number: A140324
 NPI: 1447678834
 Provider English Spoken: Y
 Cultural Competency: N



Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
 515-2545
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-TH 8AM-9PM
 F 8AM-5PM

INTERNAL MEDICINE

HIGGINSON, MICHELLE

Provider ID: 417937
 Provider Gender: Female
 License Number: A74420
 NPI: 1114955879
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)

515-2545
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

INTERNAL MEDICINE

JACKSON, GAVIN

Provider ID: 417937
 Provider Gender: Male
 License Number: A110647
 NPI: 1609033182
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
 515-2545
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄

INTERNAL MEDICINE

JAMISON, KAREN

Provider ID: 417937

Provider Gender: Female

License Number: A95356

NPI: 1285830505

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

Fax: (619) 501-9645

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

KARCHES, KELLI

Provider ID: 417937

Provider Gender: Female

License Number: A80931

NPI: 1891997631

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, UCSD LA JOLLA JOHN
SALLY THORNTON, UCSD
MEDICAL CTR

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

KHANNA, POORNIMA

Provider ID: 185268

Provider Gender: Female

License Number: A70714

NPI: 1598862583

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 280-4213

After Hours Phone: (619)
280-4213

Website: www.lamaestra.or
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

KRIJGER, LISA

Provider ID: 403583

Provider Gender: Female

License Number: A67762

NPI: 1932278710

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>INTERNAL MEDICINE</p> <p>LALITHAKUMARI, ARYA Provider ID: 206362 Provider Gender: Female License Number: A140646 NPI: 1265874010</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: Hemet Global Medical Center, Menifee Global Medical Center Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 3544 30TH ST SAN DIEGO, CA 92104 <input type="phone"/> Phone: (619) 515-2424 <input type="radio"/> After Hours Phone: (619) 515-2424 <input type="globe"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p>Hospital Affiliation: Hemet Global Medical Center, Menifee Global Medical Center Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 3544 30TH ST SAN DIEGO, CA 92104 <input type="phone"/> Phone: (619) 515-2424 <input type="radio"/> After Hours Phone: (619) 515-2424 <input type="globe"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p>/clinics/king- chavez- health- center Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>
<p>INTERNAL MEDICINE</p> <p>LALITHAKUMARI, ARYA Provider ID: 206362 Provider Gender: Female License Number: A140646 NPI: 1265874010</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p>	<p>INTERNAL MEDICINE</p> <p>LAMANTIA, MICHELE Provider ID: 451167 Provider Gender: Female License Number: G71855 NPI: 1124176102</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 950 S EUCLID AVE SAN DIEGO, CA 92114 <input type="phone"/> Phone: (619) 662-4100 <input type="radio"/> After Hours Phone: (619) 662-4100 <input type="globe"/> Website: www.syhealth.org</p>	<p>INTERNAL MEDICINE</p> <p>LEE, MICHAEL Provider ID: 206360 Provider Gender: Male License Number: A71671 NPI: 1760406649</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 1809 NATIONAL AVE SAN DIEGO, CA 92113 <input type="phone"/> Phone: (619) 515-2300 <input type="radio"/> After Hours Phone: (619) 515-2300 <input type="globe"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p> <p>INTERNAL MEDICINE</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

MARCINIAK, ROMAN

Provider ID: 206360

Provider Gender: Male


License Number: 20A17072


NPI: 1326579210

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

NARANJO, RODRIGO

Provider ID: 206046

Provider Gender: Male

License Number: A119010

NPI: 1609095264


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

NARANJO, RODRIGO

Provider ID: 482070

Provider Gender: Male

License Number: A119010

NPI: 1609095264


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700

 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

NARANJO, RODRIGO

Provider ID: 206046

Provider Gender: Male

License Number: A119010

NPI: 1609095264


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare
.org

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

MEMORIAL HOSPITAL, SHARP
CHULA VISTA MED CTR,
Adventist Health and Rideout
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619)
515-2560

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

PARIKH, MILIND

Provider ID: 206363

Provider Gender: Male

License Number: 20A13745

NPI: 1194161406

Provider English Spoken: Y
Provider Language(s)
Spoken: Gujarati, Hindi,
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp
Grossmont Hospital, Adventist
Health and Rideout

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619)
515-2560

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

PREVALLET, ALEXANDER

Provider ID: 417937

Provider Gender: Male

License Number: 20A19716

NPI: 1659833556

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

RAMERS, CHRISTIAN

Provider ID: 417937

Provider Gender: Male

License Number: A119631

NPI: 1730381385

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

RESNIKOFF, PAMELA

Provider ID: 417937


Provider Gender: Female

License Number: G80358

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄


NPI: 1841252533

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE


RIVERA, TANIA


Provider ID: 206363

Provider Gender: Female

License Number: A126958

NPI: 1336346972

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR


MEDICAL CENTER, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE


ROUEL, WADI


Provider ID: 185268

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Assyrian,
Spanish, Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No


LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)

255-9155


 Website: www.lamaestra.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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>INTERNAL MEDICINE</p> <p>SHAMSINEJAD BABAKI, ARASH Provider ID: 631494 Provider Gender: Male License Number: A81206 NPI: 1750498119</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Farsi</p> <p>Cultural Competency: N Hospital Affiliation: ST MARYS MEDICAL CENTER SAN FRANCISCO Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 1666 PRECISION PARK LN SAN DIEGO, CA 92173 Phone: (619) 662-4100 After Hours Phone: (619) 662-4100 Website: www.syhealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER</p>	<p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>	<p>Min/Max Age: 18\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER</p>
<p>INTERNAL MEDICINE</p> <p>SHI, RUJING Provider ID: 417937 Provider Gender: Female License Number: 20A19399 NPI: 1710446539</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p>	<p>INTERNAL MEDICINE</p> <p>SLAYDEN, TANNER Provider ID: 675582 Provider Gender: Male NPI: 1154779205</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 330 LEWIS 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</p>	<p>INTERNAL MEDICINE</p> <p>SMILDE, RENEE Provider ID: 417937 Provider Gender: Female License Number: A70175 NPI: 1427010594</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Dutch Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>






























請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>INTERNAL MEDICINE</p> <p>URIBE-BRUCE, LILIANA Provider ID: 206360 Provider Gender: Female License Number: C55724 NPI: 1689010324</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 1809 NATIONAL AVE SAN DIEGO, CA 92113 <input type="phone"/> Phone: (619) 515-2300 <input type="clock"/> After Hours Phone: (619) 515-2300 <input type="globe"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p>Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL Board Certified Specialty: No OPERATION SAMAHAN</p> <p><input type="checkbox"/> 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126 <input type="phone"/> Phone: (844) 200-2426 <input type="clock"/> After Hours Phone: (844) 200-2426 <input type="globe"/> Website: www.operationsamahan.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-4:30PM</p>	<p>SAN DIEGO, CA 92103 <input type="phone"/> Phone: (619) 515-2545 <input type="clock"/> After Hours Phone: (619) 515-2545 <input type="globe"/> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>
<p>INTERNAL MEDICINE</p> <p>VALDEZ, KRISTAL ANGELI Provider ID: 417101 Provider Gender: Female License Number: A156854 NPI: 1629480272</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: N</p>	<p>INTERNAL MEDICINE</p> <p>VIDAURAZAGA, MONICA Provider ID: 417937 Provider Gender: Female License Number: A169207 NPI: 1346628310</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 4094 4TH AVE</p>	<p>INTERNAL MEDICINE</p> <p>WASTILA, LISA Provider ID: 403583 Provider Gender: Female License Number: A60801 NPI: 1043375231</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: German Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 1501 IMPERIAL AVE SAN DIEGO, CA 92101 <input type="phone"/> Phone: (619) 233-8500 <input type="clock"/> After Hours Phone: (619) 233-8500 <input type="globe"/> Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL):</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>WATTANAMANO, PORNTHEP <i>Provider ID: 206046</i> <i>Provider Gender: Male</i> <i>License Number: C186338</i> <i>NPI: 1295738516</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Thai</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</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): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8:30AM-5:30PM</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>WATTANAMANO, PORNTHEP <i>Provider ID: 206046</i> <i>Provider Gender: Male</i> <i>License Number: C186338</i></p>	<p><i>NPI: 1295738516</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Thai</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</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): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8:30AM-5:30PM</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>WATTS, ELI <i>Provider ID: 451167</i> <i>Provider Gender: Male</i> <i>License Number: A79383</i> <i>NPI: 1649373739</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> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p>	<p> 950 S EUCLID AVE SAN DIEGO, CA 92114  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/king-chavez-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>YUNG, STEVEN <i>Provider ID: 417937</i> <i>Provider Gender: Male</i> <i>License Number: G80798</i> <i>NPI: 1689636656</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</i> <i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103  <i>Phone: (619) 515-2545</i>  <i>After Hours Phone: (619) 515-2545</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i></p>
---	---	---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560


 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

MULTI SPECIALTY MEDICAL CLINIC

UCSD MEDICAL GROUP,


Provider ID: 179639

NPI: 1508968751

 Provider English Spoken: Y
Cultural Competency: N


UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 25\None

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

MULTI SPECIALTY MEDICAL CLINIC

UCSD MEDICAL GROUP,


Provider ID: 179619

NPI: 1578672184

 Provider English Spoken: Y
Cultural Competency: N

UCSD MEDICAL GROUP

 330 LEWIS ST STE 400
SAN DIEGO, CA 92103

 Phone: (619) 471-9260

Fax: (619) 471-9310

 After Hours Phone: (619)

471-9260

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\25

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

NEUROLOGY

CANTU-REYNA, GUILLERMO

Provider ID: 185268

Provider Gender: Male

License Number: A41375

NPI: 1447389101

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)
255-9155


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NEUROLOGY	
<p>GRISOLIA, JAMES Provider ID: 417937 Provider Gender: Male License Number: G42884 NPI: 1336102359</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 FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>	<p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Gujarati, Spanish Cultural Competency: N Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>
NEUROLOGY	
<p>LUHAR, RIYA Provider ID: 417937 Provider Gender: Female License Number: 20A19975 NPI: 1235665662</p>	<p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: French Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SELECT SPECIALTY HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 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</p>
NEUROLOGY	
<p>MARTIN, FREDERIC Provider ID: 417937 Provider Gender: Male License Number: G61965 NPI: 1265582605</p> <p><input type="checkbox"/> Provider English Spoken: Y</p>	<p>TAFRESHI, GILDA Provider ID: 417937 Provider Gender: Female License Number: A103111 NPI: 1891946950</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

MERCY HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS GREEN HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-TH 8AM-9PM
F 8AM-5PM

OBSTETRICS / GYNECOLOGY

AL-MSHHDANI, AYSER

Provider ID: 185268
Provider Gender: Female
License Number: A172929
NPI: 1679008569

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic

Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, Sharp Grossmont

Hospital, SCRIPPS MERCY
HOSPITAL
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 280-4213
After Hours Phone: (619)
280-4213
Website: www.lamaestra.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560
After Hours Phone: (619)
515-2560
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F
8:30AM-5:30PM

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
FAMILY HEALTH CENTERS OF
SAN DIEGO


3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)
515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8:30AM-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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH

8:30AM-5:30PM
F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY


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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

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

BLAKE, GARY

Provider ID: 206046

Provider Gender: Male

License Number: G44807

NPI: 1497738439

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

OBSTETRICS / GYNECOLOGY

BLAKE, GARY

Provider ID: 206046

Provider Gender: Male

License Number: G44807

NPI: 1497738439

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

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: 416831

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206362

Provider Gender: Female

License Number: A68463

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1376663831

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206360

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206362

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)
515-2444

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206363

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2420

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: 206363

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)
515-2420

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 206360

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 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
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *3705 MISSION BLVD
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2444*


 *After Hours Phone: (619)
515-2444*


 *Website: www.fhcsd.org
Medi-Cal Open Panel: Yes*

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-W 8:30AM-5PM
TH 9:30AM-6PM*

OBSTETRICS / GYNECOLOGY


CARTER, KHALIL

Provider ID: 206362

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N


*Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,*


*GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR*

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *3544 30TH ST
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)
515-2424*


 *Website: www.fhcsd.org
Medi-Cal Open Panel: Yes*

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH
8:30AM-5:30PM
F 8:30AM-5PM*

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N


*Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,*


*GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR*

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *3514 30TH ST
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)
515-2424*

 *Website: www.fhcsd.org
Medi-Cal Open Panel: Yes*

Min/Max Age: 0\18

American Sign Language (ASL):

 *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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO



 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424
 Website: www.fhcsd.org
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

CHAKRABARTI, PRIYA



Provider ID: 416831
Provider Gender: Female
License Number: A163464
NPI: 1326531401
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424



 Website: www.fhcsd.org
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: 402851
Provider Gender: Female
License Number: A163464
NPI: 1326531401
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org
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: 206360
Provider Gender: Female
License Number: A163464
NPI: 1326531401
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。


C. 初級保健名錄

<p>N ☏ Accessibility: CONTACT PROVIDER</p> <hr/> <p><u>OBSTETRICS / GYNECOLOGY</u> CHAKRABARTI, PRIYA Provider ID: 206363 Provider Gender: Female License Number: A163464 NPI: 1326531401 ☐ Provider English Spoken: Y ☐ Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO ☏ 4725 MARKET ST SAN DIEGO, CA 92102 ☎ Phone: (619) 515-2560 ☏ After Hours Phone: (619) 515-2560 🌐 Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ☏ Accessibility: CONTACT PROVIDER</p> <hr/> <p><u>OBSTETRICS / GYNECOLOGY</u> DE MIK, TRAVIS Provider ID: 206363 Provider Gender: Male License Number: A108228 NPI: 1629277322 ☐ Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO ☏ 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</p> <hr/> <p><u>OBSTETRICS / GYNECOLOGY</u> DE MIK, TRAVIS Provider ID: 206363 Provider Gender: Male</p>	<p>License Number: A108228 NPI: 1629277322 ☐ Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO ☏ 4725 MARKET ST SAN DIEGO, CA 92102 ☎ Phone: (619) 515-2560 ☏ After Hours Phone: (619) 515-2560 🌐 Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ☏ Accessibility: CONTACT PROVIDER</p> <hr/> <p><u>OBSTETRICS / GYNECOLOGY</u> DE MIK, TRAVIS Provider ID: 402851 Provider Gender: Male License Number: A108228 NPI: 1629277322 ☐ Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO ☏ 3705 MISSION BLVD SAN DIEGO, CA 92109 ☎ Phone: (619) 515-2444 ☏ After Hours Phone: (619) 515-2444 🌐 Website: www.fhcsd.org</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ☏ Accessibility: CONTACT PROVIDER</p> <hr/> <p><u>OBSTETRICS / GYNECOLOGY</u> DE MIK, TRAVIS Provider ID: 416831 Provider Gender: Male License Number: A108228 NPI: 1629277322</p>
--	---	--


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST

SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*


 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY


DORUELO, ASHLEY

Provider ID: 206360

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital


Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY


DORUELO, ASHLEY

Provider ID: 416831

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST

SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

 *Accessibility: CONTACT*

PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 402851

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 3705 MISSION BLVD

SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*


 *After Hours Phone: (619) 515-2444*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 206363

Provider Gender: Female

License Number: A178499

NPI: 1033613732

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
 3705 MISSION BLVD
 SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619) 515-2444
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 *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,

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,

OBSTETRICS / GYNECOLOGY

GRANT, REBEKAH

Provider ID: 206360
Provider Gender: Female
License Number: C159737
NPI: 1326243833
 Provider English Spoken: Y
 Provider Language(s) Spoken: French, Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL, RIVERSIDE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

COMMUNITY HOSP, HOAG
HOSPITAL IRVINE
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
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

HANLEY, LAUREN

Provider ID: 206360

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 402851

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109

Phone: (619) 515-2444
After Hours Phone: (619)
515-2444

Website: www.fhcsd.org
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: 416831

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PROVIDER
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 206363

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206363

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F

8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 416831

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206362

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND







HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



C. 初級保健名錄







GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH
8:30AM-5:30PM
F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY




LIPSCHITZ, LISA






Provider ID: 206362
Provider Gender: Female
License Number: A72005
NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF

SAN DIEGO
 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH
8:30AM-5:30PM
F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 402851
Provider Gender: Female
License Number: A72005
NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444
 After Hours Phone: (619) 515-2444
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-W 8:30AM-5PM
TH 9:30AM-6PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206360
Provider Gender: Female
License Number: A72005
NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

OBSTETRICS / GYNECOLOGY

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-7PM

TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 206362

Provider Gender: Female

License Number: A116680

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 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
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 402851

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)
515-2444

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

PHAN, TIFFANI

Provider ID: 417101

Provider Gender: Female

License Number: A161105

NPI: 1134515695

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
CHULA VISTA MED CTR,
SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA


Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844) 200-2426
 Website: www.operationsamahahan.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: 402851
 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
 FAMILY HEALTH CENTERS OF SAN DIEGO

 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
 FAMILY HEALTH CENTERS OF SAN DIEGO







 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

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
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M 8AM-7PM
 TU-TH 8AM-6PM
 F 8AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SA 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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 402851

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y


Provider Language(s)
Spoken: Hindi


Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-W
8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 416831

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y


Provider Language(s)
Spoken: Hindi


Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424


 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 206363

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y


Provider Language(s)
Spoken: Hindi


Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Website: www.fhcsd.org

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
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 416831

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 402851

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W
8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 206360

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY


STABEN, REBECCA

Provider ID: 206363

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY


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
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

Provider ID: 402851
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109

Phone: (619) 515-2444
After Hours Phone: (619) 515-2444

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206362
Provider Gender: Male
License Number: G78814
NPI: 1699790634

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206360
Provider Gender: Male
License Number: G78814
NPI: 1699790634

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY


ZIEG, ALAN

Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Hospital Affiliation:


*GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA*

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *3544 30TH ST
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*


 *After Hours Phone: (619)
515-2424*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY


ZIEG, ALAN

Provider ID: 416831

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Hospital Affiliation:


*GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA*

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *3514 30TH ST
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)
515-2424*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 402851

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Hospital Affiliation:


*GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA*

*Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO*

 *3705 MISSION BLVD
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)
515-2444*

 *Website: www.fhcsd.org*
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO
 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
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 HOSPITAL
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TU 8:30AM-6PM TH 8:30AM-6PM F 8:30AM-5PM SA 8:30AM-5PM

OPHTHALMOLOGY

SHAW, BLAKE

Provider ID: 206360

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 8:30AM-7:30PM TU-F 8:30AM-5:30PM

OPHTHALMOLOGY

SHAW, BLAKE

Provider ID: 206363

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A165819

N

 Accessibility: CONTACT PROVIDER

OPHTHALMOLOGY


ZABLIT, KARIM

Provider ID: 403583

Provider Gender: Male

License Number: A42127

NPI: 1083700538

 Provider English Spoken: Y


 Provider Language(s) Spoken: French


Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1891359154

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:45PM

OTOLARYNGOLOGY


CRAWFORD, KAYVA

Provider ID: 206360

Provider Gender: Female

License Number: A165819

NPI: 1396241824


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

OTOLARYNGOLOGY


DAVIS, MORGAN


Provider ID: 206360

Provider Gender: Female

License Number: A181809

NPI: 1891359154


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

OTOLARYNGOLOGY

YOUSEF, ANDREW

Provider ID: 206360

Provider Gender: Male

License Number: A186426


NPI: 1275152662


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

ABELL, GEOFFREY

Provider ID: 27341

Provider Gender: Male


NPI: 1245256130

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PARADISE VALLEY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 292 EUCLID AVE STE 220
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619)
262-8624

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


ABRAMSON, RACHEL

Provider ID: 185268

Provider Gender: Female

License Number: A104918

NPI: 1588707178

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS GREEN
HOSPITAL, SHARP CHULA
VISTA MED CTR

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)
280-4213

 Website: www.lamaestra.or
g


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM
SA 8AM-2PM

PEDIATRICS


ADJAN, ROULA


Provider ID: 185268

Provider Gender: Female

License Number: A81682

NPI: 1992847263


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, French,
Spanish

Cultural Competency: N


Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

Fax: (619) 749-5480

 After Hours Phone: (619)
255-9155

 Website: www.lamaestra.or
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

ADLOUNI, LOUBABA

Provider ID: 230441

Provider Gender: Female

NPI: 1669443685

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR HEALTH,
PALOMAR MEDICAL CENTER
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 16918 DOVE CANYON RD
 STE 200
 SAN DIEGO, CA 92127
 Phone: (858) 924-1960
 Fax: (858) 924-1964
 After Hours Phone: (858)
 924-1960
 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


ALBINO, NICHOLAS

Provider ID: 416831

Provider Gender: Male

License Number: A179851

NPI: 1740843499

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-5PM

PEDIATRICS


ANDREE, GREGOR


Provider ID: 233532

Provider Gender: Male

License Number: A72833

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)
Spoken: German, Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)
280-2058

 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

ANDREE, GREGOR


Provider ID: 482070

Provider Gender: Male

License Number: A72833

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)
Spoken: German, Spanish


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700


 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

PEDIATRICS


ARCHAMBAULT, CHRISTIAN

Provider ID: 5589

Provider Gender: Male

NPI: 1992776918

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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
RADY CHILDRENS HEALTH
NETWORK

16918 DOVE CANYON RD
STE 200
SAN DIEGO, CA 92127

Phone: (858) 924-1960
Fax: (858) 924-1964

After Hours Phone: (858)
924-1960

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

AWDYKOVYCH, MARTA

Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese, French,
Spanish, Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

1550 BROADWAY STE 2
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)
515-2525

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

C. 初級保健名錄

RADY CHILDRENS HEALTH NETWORK

292 EUCLID AVE STE 220
SAN DIEGO, CA 92114

Phone: (619) 262-8624

Fax: (619) 262-6639

After Hours Phone: (619)
262-8624

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

BONSU, BEMA

Provider ID: 227409

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

CABARLO, JEHRIB

Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

CARSON, STEPHEN

Provider ID: 6735

Provider Gender: Male

NPI: 1780719872

Provider English Spoken: Y

Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA

VISTA, SHARP MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, RADY CHILDRENS
HOSPITAL SAN DIEGO

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

550 WASHINGTON ST STE
300

SAN DIEGO, CA 92103

Phone: (619) 297-5437

Fax: (619) 297-4567

After Hours Phone: (619)
297-5437

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-8:30PM
F 8AM-5PM
SA 8AM-2PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PEDIATRICS

CASTELNOVI, CLAUDIA
 Provider ID: 185268
 Provider Gender: Female
 License Number: A111170
 NPI: 1417279324

Provider English Spoken: Y
 Provider Language(s)
 Spoken: French, Italian,
 Spanish

Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA

Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105

Phone: (619) 255-9155
 After Hours Phone: (619)
 255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

PEDIATRICS

CHEN, EILEEN
 Provider ID: 606456
 Provider Gender: Female
 NPI: 1932660966

Provider English Spoken: Y

Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

7910 FROST ST STE 400
 SAN DIEGO, CA 92123

Phone: (858) 495-0500
 Fax: (858) 560-4279

After Hours Phone: (858)
 495-0500

Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

CHEN, JENNIFER
 Provider ID: 206363
 Provider Gender: Female
 License Number: A141057
 NPI: 1255785150

Provider English Spoken: Y

Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

4725 MARKET ST
 SAN DIEGO, CA 92102

Phone: (619) 515-2560
 After Hours Phone: (619)

515-2560

Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

PEDIATRICS

CONE, STEPHANIE
 Provider ID: 185268
 Provider Gender: Female
 License Number: A123929
 NPI: 1437444858

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, RADY CHILDRENS
 HOSPITAL SAN DIEGO

Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105



Phone: (619) 255-9154
 After Hours Phone: (619)
 255-9154

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-6PM
SA 8AM-2PM*



PEDIATRICS

CORDES, WILLIAM

Provider ID: 206360
Provider Gender: Male
License Number: 20A15743
NPI: 1174942544
 Provider English Spoken: Y
 *Provider Language(s)
Spoken: Spanish*
Cultural Competency: N
*Hospital Affiliation: SCRIPPS
MERCY HOSPITAL*
Board Certified Specialty: No
*FAMILY HEALTH CENTERS OF
SAN DIEGO*

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619)
515-2300*
 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

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
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
 *After Hours Phone: (858)
810-8700*
 *Website: www.sdfamilycare
.org*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):




 *Accessibility: CONTACT PROVIDER*
 *Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM*


PEDIATRICS



FISHMAN, ELENA

Provider ID: 524340
Provider Gender: Female
NPI: 1740249432
 Provider English Spoken: Y
 *Provider Language(s)
Spoken: Russian*
Cultural Competency: N

*Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL*
Board Certified Specialty: No
*RADY CHILDRENS HEALTH
NETWORK*

 11943 EL CAMINO REAL
 STE 210
 SAN DIEGO, CA 92130
 *Phone: (858) 793-1011*
 *After Hours Phone: (858)
793-1011*

 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

 *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,*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

FORTUNE, ERIN

Provider ID: 416831

Provider Gender: Male

License Number: A95577

NPI: 1801088422

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619) 515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PEDIATRICS

FRIEDMAN, JAIME

Provider ID: 230500

Provider Gender: Female

NPI: 1144297961

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

16918 DOVE CANYON RD
STE 200
SAN DIEGO, CA 92127

Phone: (858) 924-1960

Fax: (858) 924-1964

After Hours Phone: (858) 924-1960

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

GOGGIN, SAMANTHA

Provider ID: 185268

Provider Gender: Female

License Number: A163693

NPI: 1023506367

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9154

After Hours Phone: (619) 255-9154

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

GRAY, SARAH

Provider ID: 206360

Provider Gender: Female

License Number: A151631

NPI: 1508210311

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

DIEGO

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-7PM
TU-TH 8:30AM-6PM
F 8:30AM-5:30PM
SA 8:30AM-5PM

PEDIATRICS

GUPTA, VARSHA

Provider ID: 206360
Provider Gender: Female
License Number: A164889
NPI: 1891283214
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

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
RADY CHILDRENS HEALTH
NETWORK

6699 ALVARADO RD STE
2200
SAN DIEGO, CA 92120
Phone: (619) 265-3400
Fax: (619) 265-3407
After Hours Phone: (619)

265-3400

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM

PEDIATRICS

HIBBS, NICOLE

Provider ID: 143979
Provider Gender: Female
NPI: 1164627832
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


550 WASHINGTON ST STE
300
SAN DIEGO, CA 92103
Phone: (619) 297-5437
Fax: (619) 297-4567
After Hours Phone: (619)
297-5437
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 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
RADY CHILDRENS HEALTH
NETWORK

 6699 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (619) 265-3400
Fax: (619) 265-3407

 After Hours Phone: (619)
265-3400

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

HORMOZDYARAN, SANAYA


Provider ID: 612398


Provider Gender: Female

NPI: 1750887634

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 2790 TRUXTUN RD STE
120A
SAN DIEGO, CA 92106

 Phone: (619) 222-1253

Fax: (619) 222-1276

 After Hours Phone: (619)
222-1253


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

PEDIATRICS

JORDAN, JAMIE

Provider ID: 237831


Provider Gender: Female


NPI: 1275762833

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
RADY CHILDRENS HOSPITAL
SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 12036 SCRIPPS
HIGHLANDS DR STE 102
SAN DIEGO, CA 92131

 Phone: (858) 566-4444
Fax: (858) 566-3321

 After Hours Phone: (858)
566-4444

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

JUAREZ, PATRICIA

Provider ID: 317641

Provider Gender: Female

NPI: 1205807229

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
RADY CHILDRENS HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SAN DIEGO, SHARP
MEMORIAL HOSPITAL, UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7910 FROST ST STE 400
SAN DIEGO, CA 92123

Phone: (858) 495-0500
Fax: (858) 560-4279

After Hours Phone: (858)
495-0500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

KARMAKAR, KANKA

Provider ID: 417101

Provider Gender: Female

License Number: C54941

NPI: 1972536654

Provider English Spoken: Y

Provider Language(s)
Spoken: Bengali, Hindi,
Polish, Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TU
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

PEDIATRICS

KESANAPALLI, DEEPTHI

Provider ID: 235069

Provider Gender: Female

NPI: 1487948584

Provider English Spoken: Y

Provider Language(s)
Spoken: Telugu

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MARY BIRCH

HOSP FOR WOMEN AND

NEWBORNS

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 335

SAN DIEGO, CA 92123

Phone: (858) 576-8010

Fax: (858) 576-7391

After Hours Phone: (858)
576-8010

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8:30AM-6PM
F 8:30AM-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

RADY CHILDRENS HEALTH

NETWORK

550 WASHINGTON ST STE
300

SAN DIEGO, CA 92103

Phone: (619) 297-4567

After Hours Phone: (619)
297-4567

Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Hours: M-TH 8AM-8PM
F 8AM-5PM

PEDIATRICS

LE, NGUYEN

Provider ID: 44952

Provider Gender: Male

NPI: 1548308109

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL

OAKLAND, SHARP MEMORIAL
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 5507 EL CAJON BLVD STE
B
SAN DIEGO, CA 92115

 Phone: (619) 582-8814

Fax: (619) 582-8813

 After Hours Phone: (619)
582-8814

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

PEDIATRICS

LIU, JESICA

Provider ID: 206363

Provider Gender: Female

License Number: A166312

NPI: 1184157620


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

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
RADY CHILDRENS HEALTH
NETWORK

 550 WASHINGTON ST STE
300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619)
297-5437

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

LUJAN, ARLEEN

Provider ID: 206360

Provider Gender: Female

License Number: A61687

NPI: 1760412431

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA
VISTA






Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




C. 初級保健名錄

SAN DIEGO




 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

MADANY, GEORGE







Provider ID: 318924
 Provider Gender: Male
 NPI: 1811968837
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, French,
 Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY
 HOSPITAL CHULA VISTA
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 7910 FROST ST STE 400
 SAN DIEGO, CA 92123
 Phone: (858) 495-0500
 Fax: (858) 560-4279
 After Hours Phone: (858)


495-0500

 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

MAHENDRAN, SRIVIDYA

Provider ID: 482070
 Provider Gender: Female
 License Number: A92173
 NPI: 1487843454
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858)
 810-8700
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS


MANRIQUEZ-CASTILLO,

ERENDIRA

Provider ID: 185268
 Provider Gender: Female
 License Number: A75533
 NPI: 1356397418
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: VALLEY
 CHILDRENS HOSPITAL, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 Phone: (619) 255-9155
 After Hours Phone: (619)
 255-9155
 Website: www.lamaestra.org
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 400
 SAN DIEGO, CA 92123

 Phone: (858) 495-0500
 Fax: (858) 560-4279

 After Hours Phone: (858) 495-0500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

PEDIATRICS


NGUYEN, JANICE

Provider ID: 416831

Provider Gender: Female

License Number: A157335


NPI: 1760916589

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Vietnamese*


Cultural Competency: N


Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-5PM*


PEDIATRICS


PARK, TARI

Provider ID: 237711

Provider Gender: Female

NPI: 1285669085

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Korean*


Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 12036 SCRIPPS HIGHLANDS DR STE 102
 SAN DIEGO, CA 92131

 Phone: (858) 566-4444

Fax: (858) 566-3321

 After Hours Phone: (858) 566-4444


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

PEDIATRICS

PARKER, SHERINE

Provider ID: 206360

Provider Gender: Female

License Number: G81658

NPI: 1477626513

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic, Spanish*

Cultural Competency: N


Hospital Affiliation: GLENDALE ADVENTIST MED CTR,


GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY


MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 319033

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-7PM
TU-TH 8:30AM-6PM
F 8:30AM-5:30PM
SA 8:30AM-5PM

PEDIATRICS

PAVLOVICH, WENDY

Provider ID: 416831

Provider Gender: Female

License Number: A126181


NPI: 1740467299


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


PEDIATRICS

POWELL, STEPHANIE

Provider ID: 319033

Provider Gender: Female

NPI: 1720059744

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,
RADY CHILDRENS HOSPITAL
SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 400
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858) 495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

PRESKILL, CATALINA

Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

PEDIATRICS

RODRIGUEZ, ALDO


Provider ID: 451167

Provider Gender: Male

License Number: A134995

NPI: 1508209651

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese,
Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL





























Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/king-chavez-health-center</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM SA 8AM-4PM</p>	<p>PROVIDER</p> <hr/> <p>PEDIATRICS</p> <hr/> <p>RUBENSTEIN, STUART</p> <p>Provider ID: 521305</p> <p>Provider Gender: Male</p> <p>NPI: 1689633844</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 11943 EL CAMINO REAL STE 210 SAN DIEGO, CA 92130</p> <p> Phone: (858) 793-1011</p> <p> After Hours Phone: (858) 793-1011</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM SA 8AM-0PM</p>	<p>Provider ID: 416831</p> <p>Provider Gender: Female</p> <p>License Number: A132576</p> <p>NPI: 1275892754</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: French</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3514 30TH ST SAN DIEGO, CA 92104</p> <p> Phone: (619) 515-2424</p> <p> After Hours Phone: (619) 515-2424</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\18</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-5:30PM</p>
<p>PEDIATRICS</p> <hr/> <p>RODRIGUEZ, JAVIER</p> <p>Provider ID: 185268</p> <p>Provider Gender: Male</p> <p>License Number: A82639</p> <p>NPI: 1013059385</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>LA MAESTRA FAMILY CLINIC</p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105</p> <p> Phone: (619) 255-9155</p> <p> After Hours Phone: (619) 255-9155</p> <p> Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT</p>	<p>PEDIATRICS</p> <hr/> <p>SAMPATH, SRIVIDYA</p>	<p>PEDIATRICS</p> <hr/> <p>SEBSO, JODI</p> <p>Provider ID: 416831</p> <p>Provider Gender: Female</p> <p>License Number: A103099</p> <p>NPI: 1538484316</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

SEBSO, JODI

Provider ID: 206360
Provider Gender: Female
License Number: A103099
NPI: 1538484316

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

SELLERS, JAIME

Provider ID: 206360
Provider Gender: Female
License Number: A159494
NPI: 1720512015

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp

Grossmont Hospital, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

PEDIATRICS

SHENOY, ASHVIN

Provider ID: 232392
Provider Gender: Male
NPI: 1619262664

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

292 EUCLID AVE STE 220
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 451167
 Provider Gender: Male
 License Number: A45942
 NPI: 1396812236
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Gujarati, Hindi,
 Urdu
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MERCY
 HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 950 S EUCLID AVE
 SAN DIEGO, CA 92114
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org
 /clinics/king-chavez-health-
 center
 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
 RADY CHILDRENS HEALTH
 NETWORK
 6699 ALVARADO RD STE
 2200
 SAN DIEGO, CA 92120
 Phone: (619) 265-3400
 Fax: (619) 265-3407
 After Hours Phone: (619)
 265-3400
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

SPITZER, MARSHA

Provider ID: 206360
 Provider Gender: Female
 License Number: A76785
 NPI: 1851323315
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 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
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 3705 MISSION BLVD
 SAN DIEGO, CA 92109

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Phone: (619) 515-2444
 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


SPITZER, MARSHA



Provider ID: 417429
 Provider Gender: Female
 License Number: A76785
 NPI: 1851323315

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish

Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1550 BROADWAY STE 2
 SAN DIEGO, CA 92101
 Phone: (619) 515-2525
 After Hours Phone: (619) 515-2525


 Website: www.fhcsd.org
 Medi-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
 RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 400
 SAN DIEGO, CA 92123
 Phone: (858) 495-0500
 Fax: (858) 560-4279

 After Hours Phone: (858) 495-0500



 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM


PEDIATRICS



SUBRAMANIAN, RAMA

Provider ID: 662343
 Provider Gender: Female
 NPI: 1932593506

 Provider English Spoken: Y
 Provider Language(s) Spoken: Tamil
 Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 11943 EL CAMINO REAL
 STE 210
 SAN DIEGO, CA 92130
 Phone: (858) 793-1011
 After Hours Phone: (858) 793-1011


 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 8AM-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
 FAMILY HEALTH CENTERS OF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8AM-5PM

PEDIATRICS

TAMAYO, MAITHE

Provider ID: 356145
Provider Gender: Female
License Number: A80504
NPI: 1487748430

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

2391 ISLAND AVE
SAN DIEGO, CA 92102
Phone: (619) 515-2435
After Hours Phone: (619) 515-2435

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

PEDIATRICS

TAMAYO, MAITHE

Provider ID: 206360
Provider Gender: Female
License Number: A80504
NPI: 1487748430
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

PEDIATRICS

WASSON, MINA

Provider ID: 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
RADY CHILDRENS HEALTH
NETWORK

11943 EL CAMINO REAL
STE 210
SAN DIEGO, CA 92130
Phone: (858) 793-1011
After Hours Phone: (858) 793-1011

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
SA 8AM-0PM

PEDIATRICS

WATERS, ELIZABETH

Provider ID: 153090
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1730477621

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, PARADISE
VALLEY HOSPITAL, SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
SCRIPPS MERCY HOSPITAL,
RADY CHILDRENS HOSPITAL
SAN DIEGO
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 292 EUCLID AVE STE 220
SAN DIEGO, CA 92114
☎ Phone: (619) 262-8624
Fax: (619) 262-6639

🕒 After Hours Phone: (619)
262-8624

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

WEATHERLY, JACOB

Provider ID: 637376

Provider Gender: Male

NPI: 1538520457

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LUCILE
SALTER PACKARD
CHILDRENS HOSP, Stanford
Health Care
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 6699 ALVARADO RD STE
2200
SAN DIEGO, CA 92120

☎ Phone: (619) 265-3400
Fax: (619) 265-3407

🕒 After Hours Phone: (619)
265-3400

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 8:30AM-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
IHP OF SOUTHERN CAL-PHP

📍 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

☎ Phone: (619) 280-2058

🕒 After Hours Phone: (619)
280-2058

🌐 Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

PEDIATRICS

WONG, YOLANDA

Provider ID: 482070

Provider Gender: Female

License Number: A94449

NPI: 1851599872

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 After Hours Phone: (858) 810-8700
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-9PM
 W-F 8:30AM-5:30PM
 SA 9AM-4PM

PEDIATRICS






ZAHEER, AARON

Provider ID: 482070
 Provider Gender: Male
 License Number: A61238
 NPI: 1902882301
 Provider English Spoken: Y
 Provider Language(s) Spoken: Persian, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858) 810-8700
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER






PEDIATRICS

ZAHEER, AARON

Provider ID: 233532
 Provider Gender: Male
 License Number: A61238
 NPI: 1902882301
 Provider English Spoken: Y
 Provider Language(s) Spoken: Persian, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4305 UNIVERSITY AVE STE 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2058
 After Hours Phone: (619) 280-2058
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\22
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

ZAND, 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 FAMILY HEALTH CENTERS OF SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

ALVARADO, EDMUND

Provider ID: 419529
 Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

License Number: PA20888

NPI: 1720303340

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)
515-2422

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

ARMENTA, JORGE

Provider ID: 185268

Provider Gender: Male

License Number: PA13694

NPI: 1346382611


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)
255-9155

 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

BHAGAN, SHANNA

Provider ID: 206362

Provider Gender: Female

License Number: PA59874

NPI: 1437635943


Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

BHAGAN, SHANNA

Provider ID: 206362

Provider Gender: Female

License Number: PA59874

NPI: 1437635943

Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA

Provider ID: 206362

Provider Gender: Female


License Number: PA17220

NPI: 1376550657

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA

Provider ID: 206362

Provider Gender: Female


License Number: PA17220

NPI: 1376550657

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

CHAN, TIFFANY

Provider ID: 206360



Provider Gender: Female

License Number: PA23258


NPI: 1790111607

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

CONTRERAS, LORETTA

Provider ID: 403583



Provider Gender: Female


License Number: PA54617

NPI: 1679096341

 Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619)
233-8500

 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM
TU-W 8:30AM-5PM
TH 8:30AM-9PM
F 8:30AM-5PM

PHYSICIANS ASSISTANT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

DAVID, MARVIC

Provider ID: 206360

Provider Gender: Male


License Number: PA53748


NPI: 1750832317

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

PHYSICIANS ASSISTANT

DRAME, SALWA

Provider ID: 417987

Provider Gender: Female

License Number: PA59481

NPI: 1093136426

Provider English Spoken: Y


Provider Language(s)
Spoken: French, Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4874 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)
515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

FINK, PATRICK

Provider ID: 402851

Provider Gender: Male


License Number: PA52704


NPI: 1922380328

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-W
8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

PHYSICIANS ASSISTANT

GARCIA, DEANA

Provider ID: 416831

Provider Gender: Female


License Number: PA21042


NPI: 1447567995


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

5160 FEDERAL BLVD
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)
515-2454

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1245670413

N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

LANDIS, SARAH

Provider ID: 417782

Provider Gender: Female

License Number: PA58826

NPI: 1144733676

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1250 6TH AVE STE 100
SAN DIEGO, CA 92101

Phone: (619) 515-2430

After Hours Phone: (619)
515-2430

Website: www.fhcsd.org

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

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

LAPINA, LORI

Provider ID: 206362

Provider Gender: Female

License Number: PA23231

NPI: 1245670413

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM

PHYSICIANS ASSISTANT

LAPINA, LORI

Provider ID: 206362

Provider Gender: Female


License Number: PA23231


NPI: 1245670413

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM

PHYSICIANS ASSISTANT

LLOYD, MATTHEW

Provider ID: 417429

Provider Gender: Male


License Number: PA62752


NPI: 1487307369

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)
515-2525


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)
515-2525


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT

LOPEZ, MARIO

Provider ID: 417987

Provider Gender: Male


License Number: PA21385


NPI: 1932335080

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4874 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)
515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

LOPEZ, MARIO

Provider ID: 417937

Provider Gender: Male


License Number: PA21385


NPI: 1932335080

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

MARTINEZ-MURGUIA, IRENE

Provider ID: 185268

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)
255-9155

 Website: www.lamaestra.or
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

MERCER, KELLY

Provider ID: 185268

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

Provider English Spoken: Y


Provider Language(s)
Spoken: Arabic


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)
255-9155

 Website: www.lamaestra.or
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM

SA 8AM-2PM

PHYSICIANS ASSISTANT

MILLER, LAUREL

Provider ID: 206363

Provider Gender: Female

License Number: PA20378


NPI: 1598992133


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560


 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

NUNO, JOSE

Provider ID: 206360

Provider Gender: Male

License Number: PA15227

NPI: 1275543068






Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






C. 初級保健名錄

 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
 FAMILY HEALTH CENTERS OF
 SAN DIEGO



 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 206046
 Provider Gender: Female
 License Number: PA53902
 NPI: 1639528110
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858)
 279-0925
 Website: [www.sdfamilycare](http://www.sdfamilycare.org)
 .org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER
 Hours: M 8AM-5PM
 TU 8AM-8PM
 W-F 8AM-5PM
 SA 9AM-1PM

PHYSICIANS ASSISTANT





PHUNG, AIVI

Provider ID: 206046
 Provider Gender: Female
 License Number: PA53902
 NPI: 1639528110
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese

Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858)
 279-0925
 Website: [www.sdfamilycare](http://www.sdfamilycare.org)
 .org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 8AM-5PM
 TU 8AM-8PM
 W-F 8AM-5PM
 SA 9AM-1PM

PHYSICIANS ASSISTANT

POLLEY, SHANNON

Provider ID: 206363
 Provider Gender: Female
 License Number: PA60864
 NPI: 1225608722
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
 515-2560
 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

RALL, EMILY

Provider ID: 227409


Provider Gender: Female


License Number: PA52141


NPI: 1407855828


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

RASMUSSEN, DALE

Provider ID: 417429

Provider Gender: Male

License Number: PA54022


NPI: 1962880864

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: MERCY
HOSPITAL OF FOLSOM

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)

515-2525


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT

SHELLIE, SCOTT

Provider ID: 417429

Provider Gender: Male


License Number: PA53288


NPI: 1699053843

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)
515-2525


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

SHARPE, NORMA

Provider ID: 517403

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

316 25TH ST

SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)

515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

TOMASZEWSKI, DEBRA

Provider ID: 206363

Provider Gender: Female

License Number: MT2061555

NPI: 1215264452

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

TREUNER, JULIE

Provider ID: 206360

Provider Gender: Female

License Number: PA17478

NPI: 1922013614

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PHYSICIANS ASSISTANT

TURNER, SHEREENA

Provider ID: 206360

Provider Gender: Female

License Number: PA20396

NPI: 1992934988

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No


FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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


UDOH, EKAETE

Provider ID: 418535
 Provider Gender: Male
 License Number: PA19664
 NPI: 1841472776

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN RD STE B10 AND B11
 SAN DIEGO, CA 92129


 Phone: (844) 200-2426
 After Hours Phone: (844) 200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER



 Hours: M-TU
 8:30AM-5:30PM

W 10AM-7PM
 TH-F 8:30AM-5:30PM




PHYSICIANS ASSISTANT


VARGAS, ROBERT

Provider ID: 206360
 Provider Gender: Male
 License Number: PA11194
 NPI: 1972528081


 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N


 Accessibility: CONTACT PROVIDER


 Hours: M-F 9AM-5PM

PHYSICIANS ASSISTANT



YOUNG-PEN, TONI


Provider ID: 206362
 Provider Gender: Female
 License Number: PA18746
 NPI: 1932297595

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish,
 Vietnamese
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 3544 30TH ST
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424



 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT



YOUNG-PEN, TONI

Provider ID: 233597
 Provider Gender: Female
 License Number: PA18746
 NPI: 1932297595

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish,
 Vietnamese




Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE
 SAN DIEGO, CA 92105

 Phone: (619) 563-0250
 After Hours Phone: (619) 563-0250

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






C. 初級保健名錄

 Website: www.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

PHYSICIANS ASSISTANT

YOUNG-PEN, TONI






Provider ID: 206362
 Provider Gender: Female
 License Number: PA18746
 NPI: 1932297595
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish,
 Vietnamese
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 3544 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
 515-2424
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

PODIATRIST

JUAREZ, LETICIA

Provider ID: 206360
 Provider Gender: Female
 License Number: DPM5661
 NPI: 1508393778
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

PODIATRIST




LE, DIANA

Provider ID: 206360
 Provider Gender: Female
 License Number: DPM5734
 NPI: 1184112864
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Hospital Affiliation: ANAHEIM

REGIONAL MEDICAL CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER


PODIATRIST

LE, DIANA

Provider ID: 206363
 Provider Gender: Female
 License Number: DPM5734
 NPI: 1184112864
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Hospital Affiliation: ANAHEIM
 REGIONAL MEDICAL CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
 515-2560

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PODIATRIST


MANCHEL, BRUCE

Provider ID: 631494

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN
SAN DIEGO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PODIATRIST

SCHNEIDER, SARAH

Provider ID: 206360

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109


 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PODIATRIST

SCHNEIDER, SARAH

Provider ID: 417429

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525


 After Hours Phone: (619)
515-2525

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

PREVENTATIVE MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

GENERAL


HILL, LINDA

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM
SA 9AM-4PM

PREVENTATIVE MEDICINE

GENERAL


HILL, LINDA

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM
SA 9AM-4PM

PREVENTATIVE MEDICINE

GENERAL


HILL, LINDA

Provider ID: 482070

Provider Gender: Female

License Number: G41532

NPI: 1467434811

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

PREVENTATIVE MEDICINE

GENERAL

RISSER, JOSEPH

Provider ID: 482070

Provider Gender: Male

License Number: G70886

NPI: 1952386765

 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700


 Website: www.sdfamilycare.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER



 Hours: M 8:30AM-5:30PM
 TU 8:30AM-9PM
 W-F 8:30AM-5:30PM
 SA 9AM-4PM

PREVENTATIVE MEDICINE GENERAL

RISSER, JOSEPH

Provider ID: 206046
 Provider Gender: Male
 License Number: G70886
 NPI: 1952386765

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: Yes
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 Fax: (858) 279-0377

 After Hours Phone: (858) 279-0925


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER



 Hours: M-F
 8:30AM-5:30PM
 SA 9AM-4PM

PREVENTATIVE MEDICINE GENERAL

RISSER, JOSEPH

Provider ID: 206046
 Provider Gender: Male
 License Number: G70886
 NPI: 1952386765

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: Yes
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 Fax: (858) 279-0377

 After Hours Phone: (858) 279-0925


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER



 Hours: M-F
 8:30AM-5:30PM
 SA 9AM-4PM

PREVENTATIVE MEDICINE GENERAL

ROMERO, CAMILA


Provider ID: 206046


Provider Gender: Female
 License Number: A93812
 NPI: 1508912130


 Provider English Spoken: Y
 Provider Language(s)
 Spoken: French, Spanish
 Cultural Competency: N

Hospital Affiliation: SHARP
 MARY BIRCH HOSP FOR
 WOMEN AND NEWBORNS
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111

 Phone: (858) 279-0925
 Fax: (858) 279-0377

 After Hours Phone: (858) 279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 279-0377

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

BLOCKER, NIRIT

Provider ID: 206360

Provider Gender: Female

License Number: PT30272

NPI: 1457689309

Provider English Spoken: Y

Provider Language(s)
Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

REGISTERED PHYSICAL THERAPIST

CHAVARRIA, JESSICA

Provider ID: 417937

Provider Gender: Female

License Number: PT292351

NPI: 1407391808

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM

F 8AM-5PM

REGISTERED PHYSICAL THERAPIST

CONCORS, ANDREW

Provider ID: 417937

Provider Gender: Male

License Number: PT12930

NPI: 1578706743

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM
F 8AM-5PM

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE

Provider ID: 417937

Provider Gender: Male

License Number: PT295173

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

FIELDING, JOSEPH

Provider ID: 417937

Provider Gender: Male

License Number: PT40975

NPI: 1235577560

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL

THERAPIST

HAPKE, ELENA

Provider ID: 417937

Provider Gender: Female

License Number: PT292613

NPI: 1003354895

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

HERMES, MARY

Provider ID: 206360

Provider Gender: Female

License Number: PT24707

NPI: 1518028547

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N






Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄




SAN DIEGO



 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
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
FAMILY HEALTH CENTERS OF
SAN DIEGO


 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT


PROVIDER

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545


 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F
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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

REGISTERED PHYSICAL THERAPIST

SCHMIDT, BRYAN

Provider ID: 417937
Provider Gender: Male
License Number: PT28061
NPI: 1780685032

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST

VAN DYKE, JASON

Provider ID: 417937

Provider Gender: Male

License Number: PT25155

NPI: 1487658720


Provider English Spoken: Y


Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org
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

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
FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560


 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM

RHEUMATOLOGY

REDDY, DANA

Provider ID: 206363

Provider Gender: Female

License Number: A115598

NPI: 1144538778

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560


 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org
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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS


Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101
 *Phone: (619) 233-8500*
 *After Hours Phone: (619) 233-8500*

 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM*




SPEECH PATHOLOGIST


MILLER, WILLIAM

Provider ID: 206360
Provider Gender: Male
License Number: SP35150
NPI: 1972002210

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


American Sign Language (ASL): N




 *Accessibility: CONTACT PROVIDER*


SPEECH PATHOLOGIST

WILLIAMS, JESSICA

Provider ID: 206360
Provider Gender: Female
License Number: SP27677
NPI: 1932680006

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*

SAN MARCOS




CERTIFIED NURSE PRACTITIONER


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
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 *Phone: (760) 736-6767*
 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

BINETTE, DONYA

Provider ID: 206426
Provider Gender: Female
License Number: NP95001653

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1427325166

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE **PRACTITIONER**

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
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE **PRACTITIONER**

FODDA, RAMI

Provider ID: 614511

Provider Gender: Male

License Number: NP18788

NPI: 1164660452

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE **PRACTITIONER**

FODDA, RAMI

Provider ID: 614511

Provider Gender: Male

License Number: NP18788

NPI: 1164660452

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE **PRACTITIONER**

FODDA, RAMI

Provider ID: 614511

Provider Gender: Male

License Number: NP18788

NPI: 1164660452

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106
 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 Fax: (760) 736-6744
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA


Provider ID: 206426
 Provider Gender: Female
 License Number: NP95003903
 NPI: 1659504264
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP






 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER

CERTIFIED NURSE PRACTITIONER


FREEMAN, WANDA

Provider ID: 206426
 Provider Gender: Female
 License Number: NP95003903
 NPI: 1659504264
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER



FREEMAN, WANDA





Provider ID: 206426
 Provider Gender: Female
 License Number: NP95003903
 NPI: 1659504264
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER






















HENLEY, MEARA

Provider ID: 206426
 Provider Gender: Female
 License Number: NP95002545
 NPI: 1538319645
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p><i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p>736-6767  <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i></p>
<p>HENLEY, MEARA <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NP95002545</i> <i>NPI: 1538319645</i></p>	<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i></p>	<p><i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>	<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>KOUSARI, JHALEH <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NP20893</i> <i>NPI: 1811262405</i></p>
<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>	<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>KOUSARI, JHALEH <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NP20893</i> <i>NPI: 1811262405</i></p>	<p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Farsi, Persian, Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>
<p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Farsi, Persian, Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i></p>	<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p><i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i></p>
<p>HENLEY, MEARA <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NP95002545</i> <i>NPI: 1538319645</i></p>	<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i></p>	<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i></p>	<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p><i>PROVIDER</i></p>	<p><i>License Number: NP21368</i></p>	<p><i>Min/Max Age: 0\None</i></p>
<p><u>CERTIFIED NURSE PRACTITIONER</u></p>	<p><i>NPI: 1952658445</i></p>	<p><i>American Sign Language (ASL): N</i></p>
<p>KOUSARI, JHALEH <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NP20893</i> <i>NPI: 1811262405</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Farsi, Persian, Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i> <input type="checkbox"/> <i>150 VALPRED A RD SAN MARCOS, CA 92069</i> <input type="phone"/> <i>Phone: (760) 736-6767</i> <input type="clock"/> <i>After Hours Phone: (760) 736-6767</i> <input type="globe"/> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i> <input type="checkbox"/> <i>150 VALPRED A RD SAN MARCOS, CA 92069</i> <input type="phone"/> <i>Phone: (760) 736-6767</i> <input type="clock"/> <i>After Hours Phone: (760) 736-6767</i> <input type="globe"/> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p>
<p><input type="checkbox"/> <i>150 VALPRED A RD SAN MARCOS, CA 92069</i> <input type="phone"/> <i>Phone: (760) 736-6767</i> <input type="clock"/> <i>After Hours Phone: (760) 736-6767</i> <input type="globe"/> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>MACIAS, ALISSA <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NP21368</i> <i>NPI: 1952658445</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i> <input type="checkbox"/> <i>150 VALPRED A RD SAN MARCOS, CA 92069</i> <input type="phone"/> <i>Phone: (760) 736-6767</i> <input type="clock"/> <i>After Hours Phone: (760) 736-6767</i> <input type="globe"/> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i></p>	<p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>MACIAS, ALISSA <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NP21368</i> <i>NPI: 1952658445</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i> <input type="checkbox"/> <i>150 VALPRED A RD SAN MARCOS, CA 92069</i> <input type="phone"/> <i>Phone: (760) 736-6767</i> <input type="clock"/> <i>After Hours Phone: (760) 736-6767</i> <input type="globe"/> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p>
<p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>MACIAS, ALISSA <i>Provider ID: 206426</i> <i>Provider Gender: Female</i></p>	<p><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></p> <p>BELANGER, TANYA <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: NM235844</i> <i>NPI: 1407287469</i></p>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED REGISTERED **NURSE MIDWIFE**

KELLY, KATHERINE

Provider ID: 206426


Provider Gender: Female

License Number: NM235997

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1801134275




 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED 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
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR


LOVERN, JENNIFER


Provider ID: 206426

Provider Gender: Female

License Number: DC29074

NPI: 1235469396


 Provider English Spoken: Y


 Provider Language(s)
Spoken: French, Italian,
Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM
SA 8AM-5PM

CHIROPRACTOR

LOVERN, JENNIFER


Provider ID: 206426

Provider Gender: Female

License Number: DC29074

NPI: 1235469396


 Provider English Spoken: Y


 Provider Language(s)
Spoken: French, Italian,
Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM
SA 8AM-5PM

CHIROPRACTOR

LOVERN, JENNIFER

Provider ID: 206426



Provider Gender: Female

License Number: DC29074

NPI: 1235469396


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

-  *Provider English Spoken: Y*
-  *Provider Language(s) Spoken: French, Italian, Spanish*

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*


 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM*
SA 8AM-5PM

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)*

736-6767

 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069


 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


 After Hours Phone: (760)
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
IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618


Provider English Spoken: Y

Provider Language(s)
Spoken: Bengali

Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

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
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767





























 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄


<p>N  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM SA 8AM-5PM</i></p>	<p><i>NPI: 1659563641</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Farsi</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<u>FAMILY PRACTICE</u>		
<p>NATH, DEVARSHI <i>Provider ID: 614511</i> <i>Provider Gender: Male</i> <i>License Number: C54157</i> <i>NPI: 1275630618</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Bengali</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i>  1595 GRAND AVE STE 106 SAN MARCOS, CA 92078  <i>Phone: (760) 736-6767</i> <i>Fax: (760) 736-6744</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>	<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>	<p><u>FAMILY PRACTICE</u> SAFI, ROOZCHEHR <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: A116562</i> <i>NPI: 1659563641</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Farsi</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i>  150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<u>FAMILY PRACTICE</u>		
<p>SAFI, ROOZCHEHR <i>Provider ID: 206426</i> <i>Provider Gender: Female</i> <i>License Number: A116562</i></p>	<p> 150 VALPRED A RD SAN MARCOS, CA 92069  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i></p>	<p><u>FAMILY PRACTICE</u> WILLIE, KADEN <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: 20A17306</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1790133767

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER

FQHC

TRUECARE,

Provider ID: 614511


NPI: 1598484255

 Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FQHC

TRUECARE,

Provider ID: 614511


NPI: 1811617939

 Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<hr/> <p style="text-align: center;">FQHC</p> <hr/> <p>TRUECARE, Provider ID: 614511 NPI: 1245246917 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078 <input type="phone"/> Phone: (760) 736-6767 Fax: (760) 736-6744 <input type="clock"/> After Hours Phone: (760) 736-6767 <input type="globe"/> 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</p>	<p>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-5PM</p>	<p>IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="phone"/> Phone: (760) 736-6767 Fax: (760) 736-6744 <input type="clock"/> After Hours Phone: (760) 736-6767 <input type="globe"/> 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-5PM</p>
<hr/> <p style="text-align: center;">FQHC</p> <hr/> <p>TRUECARE, Provider ID: 206426 NPI: 1598484255 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="phone"/> Phone: (760) 736-6767 Fax: (760) 736-6744 <input type="clock"/> After Hours Phone: (760) 736-6767 <input type="globe"/> Website: www.ihpsocal.org Medi-Cal Open Panel: Yes</p>	<hr/> <p style="text-align: center;">FQHC</p> <hr/> <p>TRUECARE, Provider ID: 206426 NPI: 1245246917 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="phone"/> Phone: (760) 736-6767 Fax: (760) 736-6744 <input type="clock"/> After Hours Phone: (760) 736-6767 <input type="globe"/> 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-5PM</p>	<hr/> <p style="text-align: center;">GENERAL PRACTICE</p> <hr/> <p>WITCZAK, IZABELA Provider ID: 206426 Provider Gender: Female License Number: A71311 NPI: 1184735201 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Polish Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS</p>
<hr/> <p style="text-align: center;">FQHC</p> <hr/> <p>TRUECARE, Provider ID: 206426 NPI: 1811617939 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p>	<hr/> <p style="text-align: center;">FQHC</p> <hr/> <p>TRUECARE, Provider ID: 206426 NPI: 1811617939 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p>	<hr/> <p style="text-align: center;">GENERAL PRACTICE</p> <hr/> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="phone"/> Phone: (760) 736-6767 <input type="clock"/> After Hours Phone: (760) 736-6767 <input type="globe"/> Website: www.ihpsocal.org</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A71311

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

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: G74757

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

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE


PONIACHIK, SAMUEL


Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

PONIACHIK, SAMUEL

Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<hr/> INTERNAL MEDICINE <hr/> PONIACHIK, SAMUEL Provider ID: 206426 Provider Gender: Male License Number: G74757 NPI: 1467485078 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  150 VALPREDA RD SAN MARCOS, CA 92069  Phone: (760) 736-6767  After Hours Phone: (760) 736-6767  Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	MEDICAL CENTER Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  150 VALPREDA RD SAN MARCOS, CA 92069  Phone: (760) 736-6767  After Hours Phone: (760) 736-6767  Website: www.ihpsocal.org 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	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
<hr/> OBSTETRICS / GYNECOLOGY <hr/> MOSTOFIAN, EIMANEH Provider ID: 206426 Provider Gender: Female License Number: A97181 NPI: 1154477628 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: N Hospital Affiliation: PALOMAR MEDICAL CENTER Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  150 VALPREDA RD SAN MARCOS, CA 92069  Phone: (760) 736-6767  After Hours Phone: (760) 736-6767  Website: www.ihpsocal.org 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	<hr/> OBSTETRICS / GYNECOLOGY <hr/> MOSTOFIAN, EIMANEH Provider ID: 206426 Provider Gender: Female License Number: A97181 NPI: 1154477628 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: N Hospital Affiliation: PALOMAR MEDICAL CENTER Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  150 VALPREDA RD SAN MARCOS, CA 92069  Phone: (760) 736-6767  After Hours Phone: (760) 736-6767  Website: www.ihpsocal.org	<hr/> OBSTETRICS / GYNECOLOGY <hr/> MOSTOFIAN, EIMANEH Provider ID: 206426 Provider Gender: Female License Number: A97181 NPI: 1154477628 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: N Hospital Affiliation: PALOMAR MEDICAL CENTER Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  150 VALPREDA RD SAN MARCOS, CA 92069  Phone: (760) 736-6767  After Hours Phone: (760) 736-6767  Website: www.ihpsocal.org 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

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

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767


Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL):  Hours: M-F 8AM-5PM
SA 8AM-5PM

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

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  Hours: M-F 8AM-5PM

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

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

SA 8AM-5PM

PEDIATRICS


MALHOTRA, ARATI

Provider ID: 110242

Provider Gender: Female

NPI: 1215135306

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)
736-6767


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM

PEDIATRICS

MALHOTRA, ARATI


Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

 Provider English Spoken: Y

 Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Spoken: Hindi, Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR, PALOMAR
 MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767

Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426
 Provider Gender: Female
 License Number: A63903
 NPI: 1215135306

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi, Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR, PALOMAR
 MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
 SAN MARCOS, CA 92069

Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426
 Provider Gender: Female
 License Number: A63903
 NPI: 1215135306
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi, Spanish
 Cultural Competency: N

Hospital Affiliation: TRI CITY
 MEDICAL CTR, PALOMAR
 MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767

Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PROVIDER

PEDIATRICS

MATIAS, JULIE

Provider ID: 661065
 Provider Gender: Female
 NPI: 1083094510
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

150 VALPREDA RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 Fax: (760) 736-6744

After Hours Phone: (760)
 736-6767

Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

Hours: M 8AM-6PM
 TU 8AM-5PM
 W-F 8AM-6PM
 SA 8AM-5PM

PEDIATRICS

MONAHAN, CAROLYN

Provider ID: 50425
 Provider Gender: Female
 NPI: 1619973666

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: PALOMAR MEDICAL CENTER
 Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH NETWORK
 1582 W SAN MARCOS BLVD STE 203
 SAN MARCOS, CA 92078
 Phone: (760) 744-6710
 Fax: (760) 744-6156
 After Hours Phone: (760) 744-6710
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

POSADAS, EMERITO

Provider ID: 206426
 Provider Gender: Male
 License Number: A48980
 NPI: 1720093198
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR

MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

POSADAS, EMERITO

Provider ID: 206426
 Provider Gender: Male
 License Number: A48980
 NPI: 1720093198
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

POSADAS, EMERITO

Provider ID: 303661
 Provider Gender: Male
 NPI: 1720093198
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 150 VALPREDA RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 Fax: (760) 566-1501
 After Hours Phone: (760) 736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-6PM






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PEDIATRICS

POSADAS, EMERITO
 Provider ID: 206426
 Provider Gender: Male
 License Number: A48980
 NPI: 1720093198

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR, PALOMAR
 MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP







 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

QUINTERO, CAROLYN
 Provider ID: 614767
 Provider Gender: Female
 NPI: 1023033156

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Afar, Spanish
 Cultural Competency: N


Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK





 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 Fax: (760) 736-6744
 After Hours Phone: (760)
 736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-6PM
 SA 8AM-5PM

PEDIATRICS

SEBIANE, MARIA
 Provider ID: 206426
 Provider Gender: Female
 License Number: G71182
 NPI: 1740295229

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, PALOMAR MEDICAL
 CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP





 150 VALPRED A RD
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

SEBIANE, MARIA
 Provider ID: 206426
 Provider Gender: Female
 License Number: G71182
 NPI: 1740295229

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, PALOMAR MEDICAL
 CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS


SEBIANE, MARIA

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *150 VALPRED A RD SAN MARCOS, CA 92069*

 *Phone: (760) 736-6767*


 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS

SOCHA, TRACI

Provider ID: 428861

Provider Gender: Female

NPI: 1669478616


 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 *1582 W SAN MARCOS BLVD STE 203 SAN MARCOS, CA 92078*

 *Phone: (760) 744-6710*

Fax: (760) 744-6156

 *After Hours Phone: (760) 744-6710*


 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-4:45PM*

PHYSICIANS ASSISTANT

BERNARDO, RACHELLE

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *1595 GRAND AVE STE 106 SAN MARCOS, CA 92078*

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

BERNARDO, RACHELLE

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *1595 GRAND AVE STE 106 SAN MARCOS, CA 92078*

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

BERNARDO, RACHELLE

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

Provider English Spoken: Y


Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *1595 GRAND AVE STE 106 SAN MARCOS, CA 92078*

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *150 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 IHP OF SOUTHERN CAL-PHP

 *150 VALPRED A RD SAN MARCOS, CA 92069*

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001


Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *150 VALPRED A RD SAN MARCOS, CA 92069*

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 206426


Provider Gender: Male

License Number: PA17101

NPI: 1316947302


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)*
736-6767

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101


NPI: 1316947302

 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069


 *Phone: (760) 736-6767*

 *After Hours Phone: (760)*
736-6767

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101

NPI: 1316947302

 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)*
736-6767

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

PHYSICIANS ASSISTANT

RUSSO, KRISTA

Provider ID: 206426

Provider Gender: Female

License Number: PA53036


NPI: 1922471192


 *Provider English Spoken: Y*
Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*


 *After Hours Phone: (760)*
736-6767

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5PM*
SA 8AM-5PM

PHYSICIANS ASSISTANT

RUSSO, KRISTA

Provider ID: 206426

Provider Gender: Female


License Number: PA53036


NPI: 1922471192


 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*


 *After Hours Phone: (760)*
736-6767

 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5PM*
SA 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

PHYSICIANS ASSISTANT	IHP OF SOUTHERN CAL-PHP	PHYSICIANS ASSISTANT
RUSSO, KRISTA Provider ID: 206426 Provider Gender: Female License Number: PA53036 NPI: 1922471192 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="checkbox"/> Phone: (760) 736-6767 <input type="checkbox"/> After Hours Phone: (760) 736-6767 <input type="checkbox"/> Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	PHYSICIANS ASSISTANT SPENCE, JAMIE Provider ID: 206426 Provider Gender: Female License Number: PA21723 NPI: 1518133032 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="checkbox"/> Phone: (760) 736-6767 <input type="checkbox"/> After Hours Phone: (760) 736-6767 <input type="checkbox"/> Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	PHYSICIANS ASSISTANT TAHRIRI, BAHAREH Provider ID: 206426 Provider Gender: Female License Number: PA51867 NPI: 1295147387 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Farsi Cultural Competency: N Board Certified Specialty: No
PHYSICIANS ASSISTANT SPENCE, JAMIE Provider ID: 206426 Provider Gender: Female License Number: PA21723 NPI: 1518133032 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="checkbox"/> Phone: (760) 736-6767 <input type="checkbox"/> After Hours Phone: (760) 736-6767 <input type="checkbox"/> Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM SA 8AM-5PM	PHYSICIANS ASSISTANT SPENCE, JAMIE Provider ID: 206426 Provider Gender: Female License Number: PA21723 NPI: 1518133032 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 150 VALPRED A RD SAN MARCOS, CA 92069 <input type="checkbox"/> Phone: (760) 736-6767 <input type="checkbox"/> After Hours Phone: (760) 736-6767 <input type="checkbox"/> Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	PHYSICIANS ASSISTANT TAHRIRI, BAHAREH Provider ID: 206426 Provider Gender: Female License Number: PA51867 NPI: 1295147387 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Farsi Cultural Competency: N Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-5PM

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-5PM

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-5PM

PODIATRIST

DASGUPTA, DEBORSHI

Provider ID: 614511

Provider Gender: Male

License Number: DPM5542

NPI: 1598129223

Provider English Spoken: Y

Provider Language(s)
Spoken: Bengali, Hindi,
Spanish

Cultural Competency: N

Hospital Affiliation: CLOVIS

COMMUNITY HOSPITAL,
COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,
FRESNO HEART AND

SURGICAL HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PODIATRIST

DASGUPTA, DEBORSHI

Provider ID: 614511

Provider Gender: Male

License Number: DPM5542

NPI: 1598129223

Provider English Spoken: Y



Provider Language(s)
Spoken: Bengali, Hindi,
Spanish



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, FRESNO HEART AND SURGICAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106
 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM



PODIATRIST

DASGUPTA, DEBORSHI
Provider ID: 614511
Provider Gender: Male
License Number: DPM5542
NPI: 1598129223
 Provider English Spoken: Y
 Provider Language(s) Spoken: Bengali, Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO, FRESNO HEART AND SURGICAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106
 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM


SAN YSIDRO

CARDIOVASCULAR DISEASE

PONCE, SONIA
Provider ID: 206292
Provider Gender: Female
License Number: A145008
NPI: 1164659033
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

CELIZ, ADRIANA
Provider ID: 227469
Provider Gender: Female
License Number: NP95004315
NPI: 1972956514
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): License Number: NP95003355
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

CHAUSSE CASTRO, EKATERINA

Provider ID: 227469


Provider Gender: Female


License Number: NP95018617


NPI: 1154040418


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


CERTIFIED NURSE PRACTITIONER

GARCIA, TEDAYSHIA

Provider ID: 206292

Provider Gender: Female

NPI: 1659730778


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER



GUADARRAMA, IGNACIO

Provider ID: 227469

Provider Gender: Male

License Number: NP95003671

NPI: 1821331174

 Provider English Spoken: Y
 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

HACINAS, REYNALDO

Provider ID: 206292


Provider Gender: Male


License Number: NP95003024


NPI: 1215304860


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p align="center"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p>	<p>IBARRA, MARTHA</p>	<p><i>Cultural Competency: N</i></p>
<p>IBARRA, MARTHA</p>	<p><i>Provider ID: 227469</i></p>	<p><i>Hospital Affiliation: SHARP</i></p>
<p><i>Provider ID: 206292</i></p>	<p><i>Provider Gender: Female</i></p>	<p><i>CORONADO HOSP AND</i></p>
<p><i>Provider Gender: Female</i></p>	<p><i>License Number: NP12112</i></p>	<p><i>HEALTHCARE CTR</i></p>
<p><i>License Number: NP12112</i></p>	<p><i>NPI: 1114957289</i></p>	<p><i>Board Certified Specialty: No</i></p>
<p><i>NPI: 1114957289</i></p>	<p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p>
<p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p>	<p><input type="checkbox"/> <i>Provider Language(s)</i></p>	<p><input type="checkbox"/> <i>4004 BEYER BLVD</i></p>
<p><input type="checkbox"/> <i>Provider Language(s)</i></p>	<p><i>Spoken: Spanish</i></p>	<p><i>SAN YSIDRO, CA 92173</i></p>
<p><i>Cultural Competency: N</i></p>	<p><i>Cultural Competency: N</i></p>	<p><input type="phone"/> <i>Phone: (619) 662-4100</i></p>
<p><i>Hospital Affiliation: SCRIPPS</i></p>	<p><i>Hospital Affiliation: SCRIPPS</i></p>	<p><input type="phone"/> <i>After Hours Phone: (619)</i></p>
<p><i>MEMORIAL HOSPITAL,</i></p>	<p><i>MEMORIAL HOSPITAL,</i></p>	<p><i>662-4100</i></p>
<p><i>SCRIPPS MERCY HOSPITAL</i></p>	<p><i>SCRIPPS MERCY HOSPITAL</i></p>	<p><input type="website"/> <i>Website: www.syhealth.org</i></p>
<p><i>CHULA VISTA</i></p>	<p><i>CHULA VISTA</i></p>	<p><i>/clinics/san- ysidro- health</i></p>
<p><i>Board Certified Specialty: No</i></p>	<p><i>Board Certified Specialty: No</i></p>	<p><i>- center</i></p>
<p><i>IHP OF SOUTHERN CAL-PHP</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p>	<p><i>Medi-Cal Open Panel: Yes</i></p>
<p><input type="checkbox"/> <i>4004 BEYER BLVD</i></p>	<p><input type="checkbox"/> <i>3364 BEYER BLVD</i></p>	<p><i>Min/Max Age: 0\None</i></p>
<p><i>SAN YSIDRO, CA 92173</i></p>	<p><i>SAN YSIDRO, CA 92173</i></p>	<p><i>American Sign Language (ASL):</i></p>
<p><input type="phone"/> <i>Phone: (619) 662-4100</i></p>	<p><input type="phone"/> <i>Phone: (619) 662-4100</i></p>	<p><i>N</i></p>
<p><input type="phone"/> <i>After Hours Phone: (619)</i></p>	<p><input type="phone"/> <i>After Hours Phone: (619)</i></p>	<p><input type="checkbox"/> <i>Accessibility: CONTACT</i></p>
<p><i>662-4100</i></p>	<p><i>662-4100</i></p>	<p><i>PROVIDER</i></p>
<p><input type="website"/> <i>Website: www.syhealth.org</i></p>	<p><input type="website"/> <i>Website: https://www.syhealth.org/locations</i></p>	<p><input type="clock"/> <i>Hours: M-F 8AM-5:30PM</i></p>
<p><i>/clinics/san- ysidro- health</i></p>	<p><i>alth.org/locations</i></p>	<p><i>SA 8:30AM-2PM</i></p>
<p><i>- center</i></p>	<p><i>Medi-Cal Open Panel: Yes</i></p>	<p><u>CERTIFIED NURSE</u></p>
<p><i>Medi-Cal Open Panel: Yes</i></p>	<p><i>Min/Max Age: 0\None</i></p>	<p><u>PRACTITIONER</u></p>
<p><i>Min/Max Age: 0\None</i></p>	<p><i>American Sign Language (ASL):</i></p>	<p>ORDINANZA, MYLENE</p>
<p><i>American Sign Language (ASL):</i></p>	<p><i>N</i></p>	<p><i>Provider ID: 227469</i></p>
<p><i>N</i></p>	<p><input type="checkbox"/> <i>Accessibility: CONTACT</i></p>	<p><i>Provider Gender: Female</i></p>
<p><input type="checkbox"/> <i>Accessibility: CONTACT</i></p>	<p><i>PROVIDER</i></p>	<p><i>License Number: NP95019995</i></p>
<p><input type="clock"/> <i>Hours: M-F 8AM-5:30PM</i></p>	<p><u>CERTIFIED NURSE</u></p>	<p><i>NPI: 1265019061</i></p>
<p><i>SA 8:30AM-2PM</i></p>	<p><u>PRACTITIONER</u></p>	<p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p>
<p><u>CERTIFIED NURSE</u></p>	<p>KANTAS, PARIS</p>	<p><i>Cultural Competency: N</i></p>
<p><u>PRACTITIONER</u></p>	<p><i>Provider ID: 206292</i></p>	<p><i>Board Certified Specialty: No</i></p>
<p></p>	<p><i>Provider Gender: Male</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p>
<p></p>	<p><i>License Number: NP18661</i></p>	<p><input type="checkbox"/> <i>3364 BEYER BLVD</i></p>
<p></p>	<p><i>NPI: 1114329612</i></p>	<p><i>SAN YSIDRO, CA 92173</i></p>
<p></p>	<p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p>	<p><input type="phone"/> <i>Phone: (619) 662-4100</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 After Hours Phone: (619) 662-4100
 Website: <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
IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER






CERTIFIED NURSE

PRACTITIONER

SANCHEZ, MYRNA
Provider ID: 227469
Provider Gender: Female
License Number: NP95003721
NPI: 1548614506
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

VAZQUEZ-ERLBECK, MARTHA
Provider ID: 227469
Provider Gender: Female
License Number: NP95001960
NPI: 1669865960
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

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
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

ENDOCRINOLOGY

METABOLISM DIABETES


CRUZ, MICHAEL

Provider ID: 206292

Provider Gender: Male

License Number: A138772

NPI: 1265851133

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Hospital Affiliation: SHARP


MEMORIAL HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *4004 BEYER BLVD
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

ALGHAMDI, ASMA

Provider ID: 227469

Provider Gender: Female


License Number: A167529


NPI: 1316310840


 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 *3364 BEYER BLVD
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL


Provider ID: 206292

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY


HOSPITAL, PARADISE VALLEY


HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 *4004 BEYER BLVD
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*


 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 *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

IHP OF SOUTHERN CAL-PHP

 *4050 BEYER BLVD
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [syhealth.org/clinic](http://www.syhealth.org/clinic)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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


ARRIETA, NOEMI

Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE


BAUM, PETER

Provider ID: 227411

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: syhealth.org/clinics/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

BORSAN, COSMIN

Provider ID: 206292

Provider Gender: Male

License Number: 20A17643

NPI: 1679060255

 Provider English Spoken: Y


 Provider Language(s) Spoken: Romanian


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center


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

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA





VISTA

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

 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

FAMILY PRACTICE


CARRIEDO-CENICEROS, MARIA

Provider ID: 206292

Provider Gender: Female

License Number: A78373

NPI: 1295746618


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CASTILLO, STEPHANIE

Provider ID: 206292


Provider Gender: Female


License Number: A159673


NPI: 1902330723


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

CEVALLOS, JAMES

Provider ID: 206292

Provider Gender: Male

License Number: A55469

NPI: 1720181829

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

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
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None



American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE




DALUGDUGAN, ESTHER


Provider ID: 206292
Provider Gender: Female
License Number: A112511
NPI: 1962662718

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER



FAMILY PRACTICE


DAVIS, CHARLES

Provider ID: 206292
Provider Gender: Male
License Number: G41219
NPI: 1194840231

 Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄


VISTA, SCRIPPS GREEN
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

HEINRICI, ALEKA

Provider ID: 206292
Provider Gender: Female
License Number: A125329
NPI: 1780979120


Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center


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
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE




HERNANDEZ, RALPH

Provider ID: 206292
Provider Gender: Male
License Number: C42207
NPI: 1285782151

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

☐ Provider English Spoken: Y
 ☐ Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

📍 3364 BEYER BLVD
 SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100
 ⌚ After Hours Phone: (619)
 662-4100

🌐 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

♿ Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

KAUFHOLD, ANNE

Provider ID: 206292

Provider Gender: Female

License Number: A88893

NPI: 1164508073

☐ Provider English Spoken: Y
 ☐ Provider Language(s)
 Spoken: Arabic, Spanish

Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

📍 4004 BEYER BLVD
 SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

⌚ After Hours Phone: (619)
 662-4100

🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center

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
 IHP OF SOUTHERN CAL-PHP

📍 4004 BEYER BLVD
 SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100
 ⌚ After Hours Phone: (619)
 662-4100

🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

♿ Accessibility: CONTACT

PROVIDER

⌚ Hours: 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
 IHP OF SOUTHERN CAL-PHP

📍 4004 BEYER BLVD
 SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100
 Fax: (619) 205-6341

⌚ After Hours Phone: (619)
 662-4100

🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

♿ Accessibility: CONTACT
 PROVIDER

⌚ Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM







FAMILY PRACTICE

LEE, JOSEPH

Provider ID: 227469

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Male
License Number: A164201
NPI: 1417480948
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ST
ELIZABETH HOSP
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM

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
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE





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
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

MOYA, MARY

Provider ID: 206292
Provider Gender: Female
License Number: A80185
NPI: 1093844417
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


NAVARRO, VANESSA MARIA


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

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


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

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE


NIKZAD, JASON

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

ORTEGA, LUIS

Provider ID: 206292

Provider Gender: Male

License Number: A180886

NPI: 1558924936

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

ORTIZ, KENNETH

Provider ID: 206292

Provider Gender: Male

License Number: A156607

NPI: 1356761571

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

/clinics/san-ysidro-health-center

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
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: syhealth.org/clinics/maternal-child-health-center

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

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
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

RAJAIPOUR, NEGIN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 206292
 Provider Gender: Female
 License Number: A145480
 NPI: 1508286709
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Persian
 Cultural Competency: N
 Hospital Affiliation: CHULA
 VISTA COMM HOSP
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

FAMILY PRACTICE

RAJAIPOUR, NEGIN

Provider ID: 227469
 Provider Gender: Female
 License Number: A145480
 NPI: 1508286709
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Farsi, Persian
 Cultural Competency: N
 Hospital Affiliation: CHULA
 VISTA COMM HOSP
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

RITTER, STEVEN

Provider ID: 206292
 Provider Gender: Male
 License Number: 20A7435
 NPI: 1356556021
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

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
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

FAMILY PRACTICE

ROJAS, SARAH






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 206292
 Provider Gender: Female
 License Number: A139169
 NPI: 1245645076
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM


FAMILY PRACTICE

ROSENBAUM, HERBERT
 Provider ID: 206292
 Provider Gender: Male
 License Number: A169694
 NPI: 1922532712
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

FAMILY PRACTICE

SALEM, RAMSEY
 Provider ID: 206292
 Provider Gender: Male
 License Number: A158364
 NPI: 1245401298
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None


American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SHAHTAJI, ALAN
 Provider ID: 206292
 Provider Gender: Male
 License Number: 20A11087
 NPI: 1972751089
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center








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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider Gender: Male
License Number: 20A7502
NPI: 1922041235
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: PIH
Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


STALEY, MICHAELA

Provider ID: 206292
Provider Gender: Female
License Number: A157772

NPI: 1912438250
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE






SWEET, PATRICK

Provider ID: 206292
Provider Gender: Male
License Number: A101827
NPI: 1457407702
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR,

PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*




FAMILY PRACTICE

TALAVERA, GREGORY

Provider ID: 206292
Provider Gender: Male
License Number: A40061
NPI: 1740337161
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619)*






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-TU
8:30AM-5:30PM



FAMILY PRACTICE

TAN, LO FU

Provider ID: 227469
Provider Gender: Male
License Number: C170935
NPI: 1356314835
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

TREJO, RAUL



Provider ID: 206292
Provider Gender: Male
License Number: A77936
NPI: 1174534184
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE






UTZ, JACK

Provider ID: 206292
Provider Gender: Male
License Number: A183145
NPI: 1194353094
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER


FAMILY PRACTICE

VANHOLLEBEKE, 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
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

VELASQUEZ, SHARON

Provider ID: 206292

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FQHC

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,


Provider ID: 227411

NPI: 1558852947


Provider English Spoken: Y
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1967

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,


Provider ID: 206292

NPI: 1952364747

Provider English Spoken: Y
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FQHC

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,


Provider ID: 227469

NPI: 1801438239

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 600-4870

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>


















Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p>	<p>GENERAL PRACTICE</p> <p>TEJEDA, FRANCISCO</p> <p><i>Provider ID: 206292</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A66885</i></p> <p><i>NPI: 1407940075</i></p>	<p><i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, LOMPOC VALLEY MEDICAL CENTER</i></p>
<p>GENERAL PRACTICE</p> <p>REYNAGA, JOSUE</p> <p><i>Provider ID: 206292</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A181644</i></p> <p><i>NPI: 1356929111</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>	<p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>	<p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>
	<p>GYNECOLOGY</p> <p>CALDERON, JORGE</p> <p><i>Provider ID: 206292</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A40480</i></p> <p><i>NPI: 1407800881</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>INFECTIOUS DISEASE</p> <p>PROMER, KATHERINE</p> <p><i>Provider ID: 206292</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A131952</i></p> <p><i>NPI: 1306280607</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

HOSPITAL, PALOMAR MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

INTERNAL MEDICINE

ALDOUS, JEANNETTE

Provider ID: 206292

Provider Gender: Female

License Number: A101017

NPI: 1073650339

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

CARPENTER III, 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
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

INTERNAL MEDICINE

CHEN, TSUH-YIN

Provider ID: 206292

Provider Gender: Female

License Number: C55563

NPI: 1093803520

Provider English Spoken: Y

Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
Fax: (619) 205-6341

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

CHOW, MAN HUNG

Provider ID: 227469

Provider Gender: Female

License Number: G66745

NPI: 1225149115

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD

SAN YSIDRO, CA 92173

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
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

DILLON, BENEDICT

Provider ID: 227411

Provider Gender: Male

License Number: A111118

NPI: 1710142708

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, CHULA VISTA

COMM HOSP

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

HURST, MICHAEL

Provider ID: 206292

Provider Gender: Male

License Number: 20A8081

NPI: 1205893104

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SUTTER

TRACY COMMUNITY HOSP,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP



4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


 After Hours Phone: (619) 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-8PM
SA 8AM-2PM

INTERNAL MEDICINE


KAUFER, DAVID

Provider ID: 206292

Provider Gender: Male

License Number: G80107

NPI: 1710082789


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

INTERNAL MEDICINE


KAUFER, DAVID

Provider ID: 227469

Provider Gender: Male

License Number: G80107

NPI: 1710082789


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

LAMANTIA, MICHELE

Provider ID: 206292

Provider Gender: Female

License Number: G71855


NPI: 1124176102


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

MAY, LOUIS

Provider ID: 206292

Provider Gender: Male

License Number: A138568

NPI: 1720497514

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄


 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

PARK, DANIEL

Provider ID: 206292

Provider Gender: Male

License Number: A99433

NPI: 1538371844

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

INTERNAL MEDICINE

POAST, JENNIFER

Provider ID: 206292

Provider Gender: Female


License Number: 20A8245


NPI: 1164435681


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE


RAMIREZ SANCHEZ, CLAUDIA

Provider ID: 206292

Provider Gender: Female

License Number: A160493

NPI: 1659720555

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

REDDY, SAMATHHA


Provider ID: 227469

Provider Gender: Female

License Number: A120797

NPI: 1659620854

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Gujarati, Hindi,
Punjabi, Spanish, Telugu

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

ALVARADO HOSPITAL LLC,
GROSSMONT HOSPITAL,
SHARP CHULA VISTA MED
CTR, ST AGNES MEDICAL
CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

SALERNO, MARIANA

Provider ID: 206292

Provider Gender: Female

License Number: A131021

NPI: 1598921645

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Providence

St. Joseph Hospital Eureka

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

**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
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

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
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

SY, RAMON

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 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

IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

VELAZQUEZ CAMARENA, MARIA

Provider ID: 206292

Provider Gender: Female

License Number: A56153

NPI: 1518965714

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

WEN, AKI YEN CHANG

Provider ID: 227411

Provider Gender: Male

License Number: 20A12555

NPI: 1205126505

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

GERIATRIC MEDICINE

PANDIT, IVY

Provider ID: 206292

Provider Gender: Female

License Number: C53735

NPI: 1891796165

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: KAISER

FOUNDATION HOSPITAL

RIVERSIDE, RIVERSIDE

COUNTY REGIONAL MED CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 205-1950

After Hours Phone: (619)
205-1950

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

OBSTETRICS / GYNECOLOGY

ANDERSON, MANDY

Provider ID: 227411

Provider Gender: Female

License Number: A113914


NPI: 1982812392


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: syhealth.org/clinics/maternal-child-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

BERGGREN, ERICA

Provider ID: 227411

Provider Gender: Female

License Number: C158543


NPI: 1912159674


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
SCRIPPS MEMORIAL


HOSPITAL, SCRIPPS GREEN
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

CARR, MIANDA

Provider ID: 227411

Provider Gender: Female

License Number: A104660

NPI: 1083815823

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: ST
JOSEPHS MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: syhealth.org/clinics/maternal-child-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

CARR, MIANDA

Provider ID: 206292

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

License Number: A104660

NPI: 1083815823

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

CARSON, LATISA

Provider ID: 206292

Provider Gender: Female

License Number: A72235

NPI: 1245229129

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DANESHMAND, SHAHRAM

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, SCRIPPS GREEN

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

OBSTETRICS / GYNECOLOGY

DANESHMAND, SHAHRAM

Provider ID: 227411

Provider Gender: Male

License Number: A63844






NPI: 1891867412


Provider English Spoken: Y

Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



C. 初級保健名錄

Spoken: Farsi, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, GROSSMONT
 HOSPITAL, SHARP MEMORIAL
 HOSPITAL, SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS, SCRIPPS
 MEMORIAL HOSPITAL, TRI
 CITY MEDICAL CTR, SHARP
 MARY BIRCH HOSP FOR
 WOMEN AND NEWBORNS,
 SHARP MARY BIRCH HOSP
 FOR WOMEN AND
 NEWBORNS, SCRIPPS GREEN
 HOSPITAL, SCRIPPS MERCY
 HOSPITAL, SCRIPPS MERCY
 HOSPITAL CHULA VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 Fax: (619) 205-1948
 After Hours Phone: (619)
 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8:30AM-5PM


OBSTETRICS / GYNECOLOGY






DINH, MY

Provider ID: 206292
 Provider Gender: Female
 License Number: 20A9907
 NPI: 1316146996
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

OBSTETRICS / GYNECOLOGY





DINH, MY

Provider ID: 227411
 Provider Gender: Female
 License Number: 20A9907
 NPI: 1316146996
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

OBSTETRICS / GYNECOLOGY

GOLDSTEIN, EDWARD

Provider ID: 227411
 Provider Gender: Male
 License Number: G20087
 NPI: 1982617494
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL, SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA, SCRIPPS
 MEMORIAL HOSPITAL,
 SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

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

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

Provider ID: 227411

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

Provider ID: 206292

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

OBSTETRICS / GYNECOLOGY

JENKINS, ENCHANTA

Provider ID: 227411

Provider Gender: Female

License Number: C143625

NPI: 1285604702

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO

Provider ID: 227411

Provider Gender: Male

License Number: A47906

NPI: 1437181922

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: MERCY





GENERAL HOSPITAL, SCRIPPS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

MERCY HOSPITAL CHULA VISTA, 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
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: syhealth.org/clinic/s/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY


SEFA-BOAKYE, KOFI


Provider ID: 206292

Provider Gender: Male

License Number: G59670

NPI: 1902993660

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY


SHORT, ABIADÉ


Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PARADISE
VALLEY HOSPITAL, SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

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

IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

ACEVEDO, SUSANA

Provider ID: 227411

Provider Gender: Female

License Number: A74960

NPI: 1801971569

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](https://www.syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](https://www.syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

BARBADILLO, FERDINAND

Provider ID: 206292

Provider Gender: Male

License Number: A49307

NPI: 1982662193

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TU*
 8:30AM-5:30PM

PEDIATRICS


CABARLO, JEHRIB

Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340




 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish, Tagalog*

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS


CHAIT LLAMAS, LWBBA

Provider ID: 227411

Provider Gender: Female

License Number: A138938


NPI: 1134567530


 *Provider English Spoken: Y*


Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100

 After Hours Phone: (619)
 662-4100

 Website: syhealth.org/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
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Faroese, Farsi
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SHARP CHULA VISTA
 MED CTR, SCRIPPS MERCY
 HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 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
 IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 Fax: (619) 205-1948
 After Hours Phone: (619)
 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

NISSAN, BETI

Provider ID: 206292
 Provider Gender: Female
 License Number: A64487
 NPI: 1396705299
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Persian
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, HOLLYWOOD
 PRESBYTERIAN MED CTR,

SHARP MEMORIAL HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 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, MARIACORAZON

Provider ID: 206292
 Provider Gender: Female
 License Number: A93785
 NPI: 1669680351
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄

 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

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
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

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
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

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
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-7:30PM
SA 8:30AM-2PM

PEDIATRICS

SHAHIDYAZDANI, TINA

Provider ID: 227411

Provider Gender: Female

License Number: A94813

NPI: 1891924858

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

PEDIATRICS

SULLIVAN, ELISSA

Provider ID: 227411

Provider Gender: Female

License Number: A169577

NPI: 1790216422

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

PEDIATRICS

TAYLOR, TASHA

Provider ID: 227411

Provider Gender: Female

License Number: A82187

NPI: 1528144433

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

BUCKNER, JOSEPH

Provider ID: 206292

Provider Gender: Male

License Number: PA18363

NPI: 1215909205





Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP





4004 BEYER BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄






 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
 IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

HARMIS, NATASHA
 Provider ID: 227469
 Provider Gender: Female
 License Number: PA58672
 NPI: 1013516996
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM





PHYSICIANS ASSISTANT

KAMOTO, LYNN
 Provider ID: 206292
 Provider Gender: Female
 License Number: PA17162
 NPI: 1447326459
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

PORTO MADURSKI, KRISTINE
 Provider ID: 227411
 Provider Gender: Female
 License Number: PA16269
 NPI: 1053403782
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
 Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): N

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

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT


SHARPE, NORMA

Provider ID: 206292

Provider Gender: Female

License Number: PA20490

NPI: 1619100237


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SMITH, DOUGLAS

Provider ID: 206292

Provider Gender: Male

License Number: PA12304

NPI: 1902016611


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center


- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SUNA-SITTO, MOHEEN

Provider ID: 227469

Provider Gender: Female

License Number: PA22855

NPI: 1497196729


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL

Provider ID: 206292


Provider Gender: Male

License Number: PA15656

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

NPI: 1285806794


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PODIATRIST


MANCHEL, BRUCE

Provider ID: 227469

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND
HEALTHCARE CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PODIATRIST


MANCHEL, BRUCE

Provider ID: 206292

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SHARP


CORONADO HOSP AND
HEALTHCARE CTR


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

SHAUF, JOANN

Provider ID: 206292

Provider Gender: Female

License Number: PT296607


NPI: 1134732522


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


C. 初級保健名錄


License Number: SP9075


NPI: 1043950751


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

SURGERY GENERAL

OKWUOSA, CHRIS

Provider ID: 206292

Provider Gender: Male


License Number: A170738


NPI: 1114336260

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Providence
St Mary Medical Center


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

SANTEE


PEDIATRICS

ARLATA, TAMANTHA

Provider ID: 615945

Provider Gender: Female

NPI: 1568721934

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog


Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 9600 CUYAMACA ST STE
101

SANTEE, CA 92071

 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

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 9600 CUYAMACA ST STE
101

SANTEE, CA 92071

 Phone: (619) 749-2150

Fax: (619) 456-9744

 After Hours Phone: (619)
749-2150

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): Provider ID: 206361

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SPRING VALLEY

CERTIFIED NURSE PRACTITIONER


LEONARD, BEVERLY

Provider ID: 206361

Provider Gender: Female

License Number: NP10943

NPI: 1285772392


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


BACHARACH, REBECCA

Provider ID: 206361

Provider Gender: Female

License Number: 20A15459


NPI: 1225442643


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CARDONES, ARTHUR


Provider ID: 206361

Provider Gender: Male

License Number: A55932

NPI: 1962436451


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

CONSTANTINO, STEPHANIE

Provider ID: 206361

Provider Gender: Female

License Number: A149063

NPI: 1366824971

Provider English Spoken: Y


Provider Language(s)
Spoken: Mandarin


Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM
TU 8:30AM-7PM

W-F 8:30AM-5:30PM

FAMILY PRACTICE

ROSE, PATRICIA

Provider ID: 206361

Provider Gender: Female

License Number: A76059

NPI: 1588677314


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 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

FQHC

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC,

Provider ID: 206361


NPI: 1508801069

Provider English Spoken: Y


Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

Fax: (619) 462-5584

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

ALIMONOS, LYSISTRATI

Provider ID: 206361

Provider Gender: Female

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
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-7PM

W-F 8:30AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206361

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 206361

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 206361

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
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

FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206361

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619)
 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-7PM
 W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY



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
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619)
 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-7PM
 W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY





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
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619)
 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F
 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 206361
 Provider Gender: Female
 License Number: A164859
 NPI: 1952751711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄

☎ *After Hours Phone: (619) 515-2555*

🌐 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 206361

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 *8788 JAMACHA RD*
SPRING VALLEY, CA 91977

☎ *Phone: (619) 515-2555*

☎ *After Hours Phone: (619) 515-2555*

🌐 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

Provider ID: 206361

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 *8788 JAMACHA RD*
SPRING VALLEY, CA 91977

☎ *Phone: (619) 515-2555*

☎ *After Hours Phone: (619) 515-2555*

🌐 *Website: www.fhcsd.org*
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*

☑ *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 *8788 JAMACHA RD*
SPRING VALLEY, CA 91977

☎ *Phone: (619) 515-2555*

☎ *After Hours Phone: (619) 515-2555*

🌐 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 9AM-5PM*

PEDIATRICS

JI, AMANDA

Provider ID: 206361



Provider Gender: Female

License Number: A169342


NPI: 1750745493


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

LOPEZ, MARIO

Provider ID: 206361

Provider Gender: Male


License Number: PA21385

NPI: 1932335080

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)

515-2555


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM
W-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT


TRAN, TU-UYEN

Provider ID: 206361

Provider Gender: Female

License Number: PA54588

NPI: 1598293748

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM
TU 8:30AM-7PM

W-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT

TURNER, ERIC

Provider ID: 206361

Provider Gender: Male


License Number: PA55067


NPI: 1669756128

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555


 After Hours Phone: (619)
515-2555


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

VALLEY CENTER

CLINIC OUTPATIENT

NEIGHBORHOOD

HEALTHCARE,

Provider ID: 519918

NPI: 1437335148

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP
 28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082
 Phone: (760) 742-9919
 Fax: (360) 462-2750
 After Hours Phone: (760) 742-9919
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

AYON MARTINEZ, CARLOS

Provider ID: 519918
 Provider Gender: Male
 License Number: A114419
 NPI: 1154583128
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082
 Phone: (760) 742-9919
 After Hours Phone: (760) 742-9919
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CASTANER, ZALYA

Provider ID: 519918
 Provider Gender: Female
 License Number: A139490
 NPI: 1487072179
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: PALOMAR MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082
 Phone: (760) 742-9912
 After Hours Phone: (760) 742-9912
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

SCHULTZ, JAMES

Provider ID: 519918
 Provider Gender: Male
 License Number: G61829
 NPI: 1356376164
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Farsi, Greek, Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
 INLAND VALLEY HOSPITAL,
 SOUTHWEST HEALTHCARE
 RANCHO SPRINGS HOSPITAL,
 PALOMAR MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082
 Phone: (760) 742-9919
 After Hours Phone: (760) 742-9919
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FQHC

NEIGHBORHOOD

HEALTHCARE,

Provider ID: 519918

NPI: 1437335148


Provider English Spoken: Y
 Cultural Competency: N

IHP OF SOUTHERN CAL-PHP



28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082
 Phone: (760) 742-9919
 Fax: (360) 462-2750
 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

742-9919
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM



PEDIATRICS

CRAYCHEE, LEO

Provider ID: 71887

Provider Gender: Male

NPI: 1265432710

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 28714 VALLEY CENTER RD
 STE L

VALLEY CENTER, CA 92082

 Phone: (760) 749-7770

Fax: (760) 751-9988


 After Hours Phone: (760)
 749-7770


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8:30AM-5PM

PHYSICIANS ASSISTANT


AGUEY, OMAR

Provider ID: 519918

Provider Gender: Male

License Number: PA18708

NPI: 1851479372


 Provider English Spoken: Y


 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

 After Hours Phone: (760)
 742-9919

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

VISTA

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 400339

Provider Gender: Female

License Number: NP95006826


NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)
 Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
 VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)
 631-5000


 Website: www.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

KELLEHER, BRIDGET


Provider ID: 400339

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N







Hospital Affiliation: TRI CITY
 MEDICAL CTR

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M 8AM-5PM
 TU 10:30AM-7:30PM
 W-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

WILLIAMS, JINA



Provider ID: 400339
 Provider Gender: Female
 License Number: NP95020624
 NPI: 1225500259
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 License Number: 20A12958
 NPI: 1003172016

 Accessibility: CONTACT PROVIDER



CHIROPRACTOR

JU, NATHANIEL

Provider ID: 400339
 Provider Gender: Male
 License Number: DC32054
 NPI: 1972883882
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Chinese
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None



American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER
 Hours: M 8AM-5PM
 TU 10:30AM-7:30PM
 W-F 8AM-5PM

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH


Provider ID: 400339
 Provider Gender: Female

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS, TRI CITY MEDICAL
 CTR

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000



 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER







FAMILY PRACTICE

KETCHEL, CLINT



Provider ID: 400339
 Provider Gender: Male
 License Number: A135564
 NPI: 1699038125
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, Chaldean
 Neo-Aramaic, Spanish,
 Syriac






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

C. 初級保健名錄

Cultural Competency: N
Hospital Affiliation:
 SOUTHWEST HEALTHCARE
 RANCHO SPRINGS HOSPITAL,
 SOUTHWEST HEALTHCARE
 INLAND VALLEY HOSPITAL,
 SCRIPPS MEMORIAL
 HOSPITAL ENCINITAS, TRI
 CITY MEDICAL CTR, WHITTIER
 HOSPITAL MEDICAL CENTER
Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
 VISTA, CA 92083
 *Phone: (760) 631-5000*
 *After Hours Phone: (760)*
631-5000
 *Website: www.vistacommunityclinic.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
 N
 *Accessibility: CONTACT*
 PROVIDER
 *Hours: M 8AM-5PM*
TU 10:30AM-7:30PM
W-F 8AM-5PM

FQHC

VCC DURIAN,
Provider ID: 411518
NPI: 1851300123
 *Provider English Spoken: Y*
Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP
 105 DURIAN ST STE A









VISTA, CA 92083
 *Phone: (844) 308-5003*
Fax: (760) 414-3892
 *After Hours Phone: (844)*
308-5003
 *Website: www.vistacommunityclinic.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
 N
 *Accessibility: 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
 IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
 VISTA, CA 92083
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)*
631-5000
 *Website: www.vistacommunityclinic.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
 N
 *Accessibility: CONTACT*
 PROVIDER
 *Hours: M 8AM-5PM*

TU 10:30AM-7:30PM
W-F 8AM-5PM

PEDIATRICS

AMBO, STANLEY
Provider ID: 52269
Provider Gender: Male
NPI: 1891735676
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
 MEDICAL CTR, SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS, RADY CHILDRENS
 HOSPITAL SAN DIEGO
Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 2067 W VISTA WAY STE 180
 VISTA, CA 92083
 *Phone: (760) 945-3434*
Fax: (760) 945-6761
 *After Hours Phone: (760)*
945-3434
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
 N
 *Accessibility: CONTACT*
 PROVIDER
 *Hours: M-F 8AM-5PM*

PEDIATRICS

ASSELIN, LYNETTE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

Provider ID: 65507
 Provider Gender: Female
 NPI: 1053484568
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 2067 W VISTA WAY STE
 280
 VISTA, CA 92083
 Phone: (760) 941-3630
 Fax: (760) 941-1214
 After Hours Phone: (760)
 941-3630
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8:30AM-6PM
 SA 9AM-1PM

PEDIATRICS

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
 RADY CHILDRENS HEALTH
 NETWORK
 2067 W VISTA WAY STE
 280
 VISTA, CA 92083
 Phone: (760) 941-3630
 Fax: (760) 941-1214
 After Hours Phone: (760)
 941-3630
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8:30AM-6PM
 SA 9AM-1PM

PEDIATRICS

CASTRO, JORGE

Provider ID: 100779
 Provider Gender: Male
 NPI: 1326082868
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR, SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS, RADY CHILDRENS
 HOSPITAL SAN DIEGO

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 2067 W VISTA WAY STE 180
 VISTA, CA 92083
 Phone: (760) 945-3434
 Fax: (760) 945-6761
 After Hours Phone: (760)
 945-3434
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

HARTFORD, NICOLE

Provider ID: 411518
 Provider Gender: Female
 License Number: 20A14390
 NPI: 1346530466
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 105 DURIAN ST STE A
 VISTA, CA 92083
 Phone: (844) 308-5003
 After Hours Phone: (844)
 308-5003
 Website: www.vistacommu
 nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

American Sign Language (ASL): *Provider Gender: Male*
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
RADY CHILDRENS HEALTH NETWORK

 2067 W VISTA WAY STE 280
VISTA, CA 92083

 *Phone: (760) 941-3630*
Fax: (760) 941-1214


 *After Hours Phone: (760) 941-3630*

 *Website: N/A*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8:30AM-6PM SA 9AM-1PM*

PEDIATRICS

KRAK, MICHAEL

Provider ID: 23455

NPI: 1003989419

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL CTR

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

 2067 W VISTA WAY STE 280
VISTA, CA 92083

 *Phone: (760) 941-3630*
Fax: (760) 941-1214

 *After Hours Phone: (760) 941-3630*


 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-6PM SA 9AM-1PM*

PEDIATRICS


LUSCHWITZ, BRIAN

Provider ID: 400339

Provider Gender: Male

License Number: A60517

NPI: 1205868510

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
VISTA, CA 92083

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*


 *Website: www.vistacommunityclinic.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-5PM TU 10:30AM-7:30PM W-F 8AM-5PM*

PEDIATRICS


NAUDIN, VERONICA

Provider ID: 84118

Provider Gender: Female

NPI: 1093755878

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N








Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL



ENCINITAS, RADY CHILDRENS








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄




HOSPITAL SAN DIEGO
 Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 2067 W VISTA WAY STE 180 VISTA, CA 92083
 Phone: (760) 945-3434
 Fax: (760) 945-6761
 After Hours Phone: (760) 945-3434
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 8AM-0PM






PEDIATRICS

PERTL, URSULA
 Provider ID: 593894
 Provider Gender: Female
 NPI: 1609947464
 Provider English Spoken: Y
 Provider Language(s) Spoken: German, Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES
 Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK
 2067 W VISTA WAY STE 180 VISTA, CA 92083
 Phone: (760) 945-3434
 Fax: (760) 945-6761
 After Hours Phone: (760) 945-3434
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 10AM-2PM M-F 8AM-5PM SA 8AM-0PM

PEDIATRICS

RONAN, KEVIN
 Provider ID: 400339
 Provider Gender: Male
 License Number: G77176
 NPI: 1225017353
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD VISTA, CA 92083



 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 8AM-5PM TU 10:30AM-7:30PM W-F 8AM-5PM

PHYSICIANS ASSISTANT

WEAVER, APRIL
 Provider ID: 400339
 Provider Gender: Female
 License Number: PA20775
 NPI: 1063552800
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

C. 初級保健名錄

-  *Accessibility: CONTACT PROVIDER*
-  *Hours: M-TH 9AM-2PM
F 8AM-5PM
SA 8AM-4PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

ALPINE

OPTOMETRIST

AOTO, KIM

Provider ID: 268720

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (800) 898-2020
Fax: (844) 897-3788

After Hours Phone: (800)
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PSYCHOLOGIST

TORRES, RANDALL

Provider ID: 306854

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1871696435

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

BRAWLEY

PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE

Provider ID: 256218

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

207 W LEGION RD
BRAWLEY, CA 92227

Phone: (760) 351-3291
After Hours Phone: (760)
351-3291

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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
RADY CHILDRENS HEALTH
NETWORK

207 W LEGION RD
BRAWLEY, CA 92227

Phone: (760) 351-7643
After Hours Phone: (760)
351-7643

Provider Gender: Male

NPI: 1598979593

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network

CAMPO

FAMILY PRACTICE

BAUM, PETER

Provider ID: 296383

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ROGERS, MATTHEW

Provider ID: 294843

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1639606130

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CARLSBAD

CERTIFIED NURSE

PRACTITIONER

HOOPER, BONNIE

Provider ID: 275252

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011

Phone: (760) 884-5990

Fax: (760) 448-4404

After Hours Phone: (760)

884-5990

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE

PRACTITIONER

RICE, ELIZABETH

Provider ID: 304664

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)
631-3000

Provider Gender: Female

NPI: 1902470537

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

DERMATOLOGY

ZUBAIR, RAHEEL

Provider ID: 306519
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011
📞 Phone: (760) 448-4484
Fax: (760) 448-4404
🕒 After Hours Phone: (760)
448-4484
Provider Gender: Male
NPI: 1326493024
📄 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

FAMILY PRACTICE

CHAVEZ SANTOS, MARIA

Provider ID: 307651
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 1295 CARLSBAD VILLAGE

DR STE 100
CARLSBAD, CA 92008
📞 Phone: (760) 736-6767
Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767

Provider Gender: Female
NPI: 1780061440
📄 Provider English Spoken: Y
📄 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

HEARING AID DEALER / SUPPLIER

DAVIS, KELLE

Provider ID: 268654
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 1820 MARRON RD STE 102
CARLSBAD, CA 92008
📞 Phone: (760) 434-0125
Fax: (760) 434-4531
🕒 After Hours Phone: (760)
434-0125
Provider Gender: Female
NPI: 1902853344
📄 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8:30AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

NEUROLOGY

DROKER, BRIAN

Provider ID: 306953
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
📞 Phone: (760) 631-3000
Fax: (760) 270-9534
🕒 After Hours Phone: (760)
631-3000
Provider Gender: Male
NPI: 1801112669
📄 Provider English Spoken: Y
📄 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M 8AM-5PM
W 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NEUROLOGY	
YOSHII-CONTRERAS, JUNE Provider ID: 296589 Board Certified Specialty: No COMMUNITY CARE IPA LLC 📍 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011 ☎ Phone: (760) 631-3000 Fax: (760) 631-3016 🕒 After Hours Phone: (760) 631-3000 Provider Gender: Female NPI: 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	DONALDSON, CHADWICK Provider ID: 268146 Board Certified Specialty: No COMMUNITY CARE IPA LLC 📍 2390 FARADAY AVE CARLSBAD, CA 92008 ☎ Phone: (858) 909-0770 Fax: (858) 909-0880 🕒 After Hours Phone: (858) 909-0770 Provider Gender: Male NPI: 1891743910 📄 Provider English Spoken: Y 📄 Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: GROSSMONT HOSPITAL, TEMECULA VALLEY HOSPITAL INC, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE 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
OTOLARYNGOLOGY	PHYSICIANS ASSISTANT HERMANSON, KATHLEEN Provider ID: 269004 Board Certified Specialty: No COMMUNITY CARE IPA LLC 📍 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011 ☎ Phone: (760) 631-3000 Fax: (760) 631-3016 🕒 After Hours Phone: (760) 631-3000 Provider Gender: Female NPI: 1598160343 📄 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-4PM 🌐 Website: N/A IPA: Community Care IPA LLC
	PHYSICIANS ASSISTANT INOCELDA, ANDREW Provider ID: 269089 Board Certified Specialty: No COMMUNITY CARE IPA LLC 📍 6010 HIDDEN VALLEY RD STE 200

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CARLSBAD, CA 92011
☎ Phone: (760) 631-3000
Fax: (760) 631-3016
🕒 After Hours Phone: (760) 631-3000
Provider Gender: Male
NPI: 1497950208
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

SHIMIZU, KELSIE
Provider ID: 296819
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 2390 FARADAY AVE
CARLSBAD, CA 92008
☎ Phone: (858) 909-0770
Fax: (858) 909-0880
🕒 After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1972107811
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: KECK
HOSPITAL OF USC, USC
KENNETH NORRIS JR

CANCER HOSPITAL, USC
VERDUGO HILLS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

WILAND, WINONA
Provider ID: 296809
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 2390 FARADAY AVE
CARLSBAD, CA 92008
☎ Phone: (858) 909-0770
Fax: (858) 909-0880
🕒 After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1043967383
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

AMBROSE, CHRISTOPHER
Provider ID: 248010
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 3070 MADISON ST
CARLSBAD, CA 92008
☎ Phone: (760) 434-6100
Fax: (760) 471-5139
🕒 After Hours Phone: (760) 591-7750
Provider Gender: Male
NPI: 1114977535
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 8\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M 7AM-7PM
TU 7AM-5PM
W 7AM-7PM
TH 7AM-5PM
F 7AM-7PM
🌐 Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

MCGEE, JACQUELINE
Provider ID: 252472
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 3070 MADISON ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP
📍 6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1942469663
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Hebrew, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max 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
UCSD MEDICAL GROUP
📍 6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1215176839
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY NEUROLOGICAL

MURTHY, NIKHIL
Provider ID: 299996
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1710371273
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY NEUROLOGICAL

PHAM, MARTIN
Provider ID: 203510
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 6010 HIDDEN VALLEY RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
COMMUNITY CARE IPA LLC
📍 340 4TH AVE STE 19
CHULA VISTA, CA 91910
☎ Phone: (619) 761-5308
Fax: (619) 591-1910
🕒 After Hours Phone: (619) 761-5308
Provider Gender: Male

NPI: 1689092470
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 300088
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 340 4TH AVE STE 19
CHULA VISTA, CA 91910
☎ Phone: (619) 761-5308
Fax: (619) 591-1910
🕒 After Hours Phone: (619) 761-5308
Provider Gender: Male
NPI: 1689092470
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CARDIOVASCULAR DISEASE

LERNER, JONATHAN
Provider ID: 303445
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
☎ Phone: (619) 616-2100
Fax: (619) 616-2104
🕒 After Hours Phone: (619) 616-2100
Provider Gender: 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 290591

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
IHP OF SOUTHERN CAL-PHP

 340 4TH AVE STE 19
CHULA VISTA, CA 91910


 Phone: (619) 761-5308


Fax: (619) 591-1910

 After Hours Phone: (619)
761-5308

Provider Gender: Male

NPI: 1649594979

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, French,
Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED ACUPUNCTURIST

WILCOX, WENONAH


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1598037178

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE

PRACTITIONER


BRAYTENBAH, MELANIE

Provider ID: 268746

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

CERTIFIED NURSE

PRACTITIONER


BRAYTENBAH, MELANIE

Provider ID: 295830

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None


American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD

CERTIFIED NURSE PRACTITIONER


BRAYTENBAH, MELANIE

Provider ID: 262342

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

 752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD


CERTIFIED NURSE PRACTITIONER

CARAPIA, FABIOLA


Provider ID: 54496

Board Certified Specialty: No
BALBOA NEPHROLOGY MED
GRP INC

 340 4TH AVE STE 4
CHULA VISTA, CA 91910


 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)
427-1144

Provider Gender: Female

NPI: 1184905994

 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: IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD


CERTIFIED NURSE PRACTITIONER

CARAPIA, FABIOLA

Provider ID: 295918

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 340 4TH AVE STE 4
CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)
427-1144

Provider Gender: Female

NPI: 1184905994

 Provider English Spoken: Y

 Provider Language(s)
Spoken: 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,
Imperial Health Holdings
Medical Group-SD


CERTIFIED NURSE PRACTITIONER

CARRION GELABERT, ANA

Provider ID: 302402

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 450 FOURTH AVE STE 215
CHULA VISTA, CA 91910

 Phone: (619) 425-3840

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (619) 425-3842

☎ After Hours Phone: (619) 425-3840

Provider Gender: Female

NPI: 1023178233

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-6PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

DE DIOS, SARAH JANE

Provider ID: 302418

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 450 4TH AVE STE 215
CHULA VISTA, CA 91910

☎ Phone: (619) 425-3840

Fax: (619) 369-4880

☎ After Hours Phone: (619) 425-3840

Provider Gender: Female

NPI: 1528632742

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 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

IBARRA, MARTHA

Provider ID: 308352

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 855 THIRD AVE STE 2220
CHULA VISTA, CA 91911

☎ Phone: (619) 662-4100

Fax: (619) 662-4196

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1114957289

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 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

CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 301598

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 752 MEDICAL CENTER CT
STE 101

CHULA VISTA, CA 91911

☎ Phone: (619) 397-4500

Fax: (858) 429-7931

☎ After Hours Phone: (619) 397-4500

Provider Gender: Female

NPI: 1457670119

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

EMERGENCY MEDICINE

DILLMAN, ARIANA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 290495
Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

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
IHP OF SOUTHERN CAL-PHP

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
IHP OF SOUTHERN CAL-PHP

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: 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: Yes
IHP OF SOUTHERN CAL-PHP

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

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: Yes
IHP OF SOUTHERN CAL-PHP

 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, SAN


JOAQUIN GENERAL HOSP

Medi-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



PHAM, LILY

Provider ID: 304935
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910
 Phone: (858) 966-1720
Fax: (858) 966-1725

 After Hours Phone: (858)
966-1720

Provider Gender: Female
NPI: 1811423072

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM



 Website: N/A

IPA: Rady Childrens Health
Network

EMERGENCY MEDICINE

QUENZER, FAITH

Provider ID: 290637
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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
IHP OF SOUTHERN CAL-PHP

 333 H ST STE 2080
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
Fax: (619) 205-6305

 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP
📍 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

ENDOCRINOLOGY METABOLISM DIABETES

CARRILLO, MARITZA
Provider ID: 290970
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 678 3RD AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 662-4100
Fax: (619) 425-1184
📞 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1649628587
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-8PM
SA 8AM-4PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

CONTAG, ALEC
Provider ID: 307437
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 678 THIRD AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 662-4100
Fax: (619) 662-4196
📞 After Hours Phone: (619)
662-4100
Provider Gender: Male
NPI: 1215495627

☐ 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

FAMILY PRACTICE

DEIS, CRISTINA
Provider ID: 302757
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

1637 THIRD AVENUE
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

VELASQUEZ, SHARON

Provider ID: 299164

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)

662-4100

Provider Gender: Female

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

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

SHAFFER, KATHERINE

Provider ID: 305510

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

WIENER, GREGORY

Provider ID: 257480

Board Certified Specialty: Yes

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

353 CHURCH AVE STE A
CHULA VISTA, CA 91910

Phone: (619) 585-8883

Fax: (619) 585-0166

After Hours Phone: (619)
585-8883

Provider Gender: Male

NPI: 1811099534

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish


Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SHARP CHULA





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

VISTA MED CTR, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH
8:30AM-4:30PM
F 8:30AM-3PM
 Website: N/A
 IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT, IHP of
Southern Cal-PHP

GASTROENTEROLOGY

WIENER, GREGORY




Provider ID: 290741
Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP
 353 CHURCH AVE STE A
CHULA VISTA, CA 91910
 Phone: (619) 585-8883
 Fax: (619) 585-0166
 After Hours Phone: (619)
585-8883
 Provider Gender: Male
 NPI: 1811099534
 Provider English Spoken: Y
 Provider Language(s)
Spoken: French, Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY
HOSPITAL, SHARP CHULA
VISTA MED CTR, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH
8:30AM-4:30PM
F 8:30AM-3PM
 Website: N/A
 IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT, IHP of
Southern Cal-PHP

GENERAL PRACTICE








SAMI, REMAN

Provider ID: 295214
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 Fax: (619) 425-1184
 After Hours Phone: (619)
662-4100
 Provider Gender: Female
 NPI: 1295362242
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes

Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE

Provider ID: 268688
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 310 3RD AVE STE C11
CHULA VISTA, CA 91910
 Phone: (619) 426-0841
 Fax: (619) 426-9197
 After Hours Phone: (619)
426-0841
 Provider Gender: Female
 NPI: 1063558856
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

DAVIS, KELLE

Provider ID: 268651

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

310 3RD AVE STE C11
CHULA VISTA, CA 91910

Phone: (619) 426-0841

Fax: (619) 426-9197

After Hours Phone: (619)
426-0841

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC

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

Provider Language(s)
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

INTERVENTIONAL

CARDIOLOGY

MOHAMEDALI, BURHAN

Provider ID: 309249

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

865 3RD AVE STE 133
CHULA VISTA, CA 91911

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)
616-2100

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

INTERVENTIONAL

CARDIOLOGY

MOHAMEDALI, BURHAN

Provider ID: 245576

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

765 MEDICAL CENTER CT
STE 211

CHULA VISTA, CA 91911

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)
616-2100

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y

HEMATOLOGY / ONCOLOGY

JOHNSON, KENNETH

Provider ID: 262288

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

769 MEDICAL CENTER CT
STE 202

CHULA VISTA, CA 91911

Phone: (619) 482-8430

Fax: (619) 482-8005

After Hours Phone: (619)
482-8430

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M-F 9AM-5PM
 🌐 Website: N/A
 IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

NAGHI, JESSE

Provider ID: 247625
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 📍 752 MEDICAL CENTER CT
 STE 207
 CHULA VISTA, CA 91911
 📞 Phone: (619) 867-0557
 📠 Fax: (619) 867-0558
 📞 After Hours Phone: (619)
 867-0557
 Provider Gender: Male
 NPI: 1386896736
 🗄 Provider English Spoken: Y
 🗄 Provider Language(s)
 Spoken: Arabic, Bulgarian,
 Russian, Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MEMORIAL
 HOSPITAL, GROSSMONT
 HOSPITAL, SHARP MEMORIAL
 HOSPITAL, 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
 COMMUNITY CARE IPA LLC
 📍 754 MEDICAL CENTER CT
 STE 101
 CHULA VISTA, CA 91911
 📞 Phone: (619) 434-4208
 📠 Fax: (619) 434-4315
 📞 After Hours Phone: (619)
 434-4208
 Provider Gender: Male
 NPI: 1386821460
 🗄 Provider English Spoken: Y
 🗄 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SHARP MEMORIAL HOSPITAL,
 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
 IHP OF SOUTHERN CAL-PHP
 📍 754 MEDICAL CENTER CT
 STE 101
 CHULA VISTA, CA 91911
 📞 Phone: (619) 434-4208
 📠 Fax: (619) 434-4315
 📞 After Hours Phone: (619)
 434-4208
 Provider Gender: Male
 NPI: 1386821460
 🗄 Provider English Spoken: Y
 🗄 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SHARP MEMORIAL HOSPITAL,
 ALVARADO HOSP MED CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): MEMORIAL HOSPITAL,
N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD

INTERVENTIONAL CARDIOLOGY


SHEREV, DIMITRI

Provider ID: 268950

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 752 MEDICAL CENTER CT
STE 207

CHULA VISTA, CA 91911


 *Phone: (619) 867-0557*


Fax: (619) 867-0558

 *After Hours Phone: (619) 867-0557*

Provider Gender: Male

NPI: 1154323996

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Bulgarian, Russian, Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL,

GROSSMONT HOSPITAL,

ALVARADO COMMUNITY


HOSPITAL, SHARP MEMORIAL


HOSPITAL, SCRIPPS

ALVARADO HOSPITAL LLC,
SHARP CHULA VISTA MED
CTR, SHARP CHULA VISTA
MED CTR, TRI CITY MEDICAL
CTR, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY


SUDHAKAR, DEEPTHI

Provider ID: 296051

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 765 MEDICAL CENTER CT
STE 211

CHULA VISTA, CA 91911

 *Phone: (619) 616-2100*

Fax: (619) 616-2104

 *After Hours Phone: (619) 616-2100*

Provider Gender: Female

NPI: 1811307051

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\99

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP


INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI


Provider ID: 309098

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 865 THIRD AVE STE 133
CHULA VISTA, CA 91911


 *Phone: (760) 294-0480*

Fax: (760) 294-0481

 *After Hours Phone: (760) 294-0480*

Provider Gender: Female

NPI: 1811307051

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\99


American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP*

INTERVENTIONAL CARDIOLOGY


SUDHAKAR, DEEPTHI

Provider ID: 295846

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 765 MEDICAL CENTER CT
STE 211

CHULA VISTA, CA 91911

 *Phone: (619) 616-2100*

Fax: (619) 616-2104

 *After Hours Phone: (619)
616-2100*

Provider Gender: Female

NPI: 1811307051

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 15\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

MATERNAL AND FETAL MEDICINE


MCCULLOUGH, DEIRDRE

Provider ID: 277263

*Board Certified Specialty: No
RADY CHILDRENS HEALTH*

NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910


 *Phone: (858) 966-6710*

Fax: (858) 966-6711

 *After Hours Phone: (858)
966-6710*

Provider Gender: Female

NPI: 1639153018

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

Sharp Grossmont Hospital,

SHARP MEMORIAL HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Rady Childrens Health

Network

MATERNAL AND FETAL MEDICINE


MELBER, DORA

Provider ID: 296993

*Board Certified Specialty: No
RADY CHILDRENS HEALTH*

NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910

 *Phone: (858) 966-6710*


Fax: (858) 966-6711

 *After Hours Phone: (858)
966-6710*

Provider Gender: Female

NPI: 1124413026

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Hungarian,
Spanish*

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Rady Childrens Health

Network, UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA

Provider ID: 294653

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

386 E H ST STE 202
CHULA VISTA, CA 91910

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

RICHARDSON, ALVIE

Provider ID: 264687

Board Certified Specialty: No

MATERNAL AND FETAL MEDICINE

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
RADY CHILDRENS HEALTH
NETWORK

386 E H ST STE 202

CHULA VISTA, CA 91910

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1760730758

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
EARL AND LORRAINE MILLER
CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, SHARP

MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,

Sharp Grossmont Hospital,
Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

435 H ST

CHULA VISTA, CA 91910

Phone: (619) 691-7000

After Hours Phone: (619)
691-7000

Provider Gender: Female

NPI: 1679809826

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

MATOBA, NANA

Provider ID: 297976

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

435 H ST

CHULA VISTA, CA 91910

Phone: (619) 691-7000

Fax: (619) 260-7055

After Hours Phone: (619)
691-7000

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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
RADY CHILDRENS HEALTH
NETWORK

435 H ST

CHULA VISTA, CA 91910

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)
966-5818

Provider Gender: Female

NPI: 1497941397

Provider English Spoken: Y

Provider Language(s)
Spoken: Finnish, French,
German, Spanish, Swedish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE

Provider ID: 301823

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

435 H ST

CHULA VISTA, CA 91910

Phone: (619) 691-7000

Fax: (619) 260-7055


After Hours Phone: (619)
691-7000

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1003260951

 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


NEONATAL / PERINATAL MEDICINE

SPEZIALE, MARK

Provider ID: 304829

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 435 H ST
CHULA VISTA, CA 91910

 Phone: (619) 691-7000

Fax: (619) 260-7055

 After Hours Phone: (619)
691-7000

Provider Gender: Male

NPI: 1801978143

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY
CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MERCY HOSPITAL,

UCSD MEDICAL CTR, UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


NEPHROLOGY

HOREISH, ADAM

Provider ID: 290100

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 340 4TH AVE STE 4
CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Fax: (619) 427-1185


 After Hours Phone: (619)

427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,


PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD


NEPHROLOGY

HOREISH, ADAM

Provider ID: 99947

Board Certified Specialty: No
BALBOA NEPHROLOGY MED
GRP INC

 340 4TH AVE STE 4
CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Fax: (619) 427-1185


 After Hours Phone: (619)
427-1144


Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1760461206

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD


NEPHROLOGY

HOREISH, ADAM

Provider ID: 99947

Board Certified Specialty: No
BALBOA NEPHROLOGY MED
GRP INC

 340 4TH AVE STE 4
CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)
427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD


NEPHROLOGY

PATEL, AMAR


Provider ID: 245639

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 340 4TH AVE STE 4
CHULA VISTA, CA 91910


 Phone: (619) 427-1144


Fax: (619) 427-1185

 After Hours Phone: (619)
427-1144

Provider Gender: Male

NPI: 1821359605

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Gujarati, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


NEPHROLOGY

PHAM, JENNIFER

Provider ID: 302863

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 340 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,
SCRIPPS MERCY HOSPITAL
CHULA VISTA



Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




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

 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

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: 65646
 Board Certified Specialty: No
 BALBOA NEPHROLOGY MED
 GRP INC
 752 MEDICAL CENTER CT
 STE 302
 CHULA VISTA, CA 91911
 Phone: (619) 421-3361
 Fax: (619) 869-4378
 After Hours Phone: (619)
 421-3361
 Provider Gender: Male
 NPI: 1043318199
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 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





NEPHROLOGY

VIDEEN, JOHN

Provider ID: 290110
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 752 MEDICAL CENTER CT
 STE 302
 CHULA VISTA, CA 91911
 Phone: (619) 421-3361
 Fax: (619) 869-4378
 After Hours Phone: (619)
 421-3361
 Provider Gender: Male
 NPI: 1043318199
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 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

NEPHROLOGY



VIDEEN, JOHN

Provider ID: 262286
 Board Certified Specialty: No
 IMPERIAL HEALTH HOLDINGS
 MEDICAL GROUP-SD
 752 MEDICAL CENTER CT
 STE 302
 CHULA VISTA, CA 91911
 Phone: (619) 421-3361
 Fax: (619) 869-4378
 After Hours Phone: (619)
 421-3361
 Provider Gender: Male
 NPI: 1043318199
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER




 Hours: M-F 9AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD

NEPHROLOGY

YUAN, HENRY

Provider ID: 268551
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 340 4TH AVE STE 4
CHULA VISTA, CA 91910
 Phone: (619) 427-1144
Fax: (619) 427-1185
 After Hours Phone: (619)
427-1144
Provider Gender: Male
NPI: 1043442379
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, PARADISE
VALLEY HOSPITAL, Providence
St Joseph Hospital, Providence
St Jude Medical Center,
SOUTH COAST GLOBAL
MEDICAL CENTER INC,
ENCOMPASS HEALTH
REHABILITATION HOSPITAL
OF TUSTIN, Foothill Regional
Medical Center, Foothill




Regional Medical Center,
KINDRED HOSPITAL BREA,
KINDRED HOSPITAL LA
MIRADA, KINDRED HOSPITAL
SANTA ANA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

NEUROLOGY







GUPTA, MONIKA

Provider ID: 307937
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 450 4TH AVE STE 215
CHULA VISTA, CA 91910
 Phone: (619) 425-3840
Fax: (619) 425-3842
 After Hours Phone: (619)
425-3840
Provider Gender: Female
NPI: 1922243401
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: TEMECULA
VALLEY HOSPITAL INC, UCSD
LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

NEUROLOGY

HOSSEINZADEHMALEKI, ANA

Provider ID: 304999
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 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):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

NEUROLOGY

MAREK, MAKSYM

Provider ID: 306707

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

450 FOURTH AVESTE 215
CHULA VISTA, CA 91910

Phone: (619) 425-3840

Fax: (619) 425-3842

After Hours Phone: (619)
425-3840

Provider Gender: Male

NPI: 1881182079

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi, Spanish,
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

NEUROLOGY

MOHAMMAD, AHMAD SHAH

Provider ID: 127244

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

750 MEDICAL CENTER CT
STE 6

CHULA VISTA, CA 91911

Phone: (619) 337-7900

Fax: (619) 337-7902

After Hours Phone: (619)
337-7900

Provider Gender: Male

NPI: 1902973472

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Farsi,
French, German, Pashto,
Persian, Spanish

Cultural Competency: N

Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MERCY HOSPITAL, SHARP
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

NEUROLOGY

SORIA LOPEZ, JOSE

Provider ID: 295744

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

450 4TH AVE STE 215
CHULA VISTA, CA 91910

Phone: (619) 425-3840

Fax: (619) 485-5440

After Hours Phone: (619)
425-3840

Provider Gender: Male

NPI: 1225474034

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

TEMECULA VALLEY HOSPITAL

INC

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

ATIGA, SCHUBERT

Provider ID: 268953

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

752 MEDICAL CENTER CT
STE 106

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CHULA VISTA, CA 91911
☎ Phone: (619) 482-8406
Fax: (619) 482-6656
🕒 After Hours Phone: (619) 482-8406
Provider Gender: Male
NPI: 1033138714
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-TH 8AM-5PM
F 8AM-0PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

ATIGA, SCHUBERT
Provider ID: 290331
Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP
📍 752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
☎ Phone: (619) 482-8406
Fax: (619) 482-6656
🕒 After Hours Phone: (619)

482-8406
Provider Gender: Male
NPI: 1033138714
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 13\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-TH 8AM-5PM
F 8AM-0PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OCCUPATIONAL THERAPIST

MORRIS, SHEILA
Provider ID: 268926
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 1020 TIERRA DEL REY STE
A-1
CHULA VISTA, CA 91910
☎ Phone: (619) 585-7104
Fax: (619) 585-7106
🕒 After Hours Phone: (619)
585-7104
Provider Gender: Female
NPI: 1689039877
☐ Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 7AM-6PM
SA 7AM-2PM
🌐 Website: N/A
IPA: Community Care IPA LLC

OPHTHALMOLOGY

GOLDMAN, DAVID
Provider ID: 308450
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 311 DEL MAR AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 427-3355
Fax: (619) 427-0955
🕒 After Hours Phone: (619)
427-3355
Provider Gender: Male
NPI: 1629185467
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>OPHTHALMOLOGY</p> <p>GOLDMAN, DAVID Provider ID: 308604 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p>311 DEL MAR AVE CHULA VISTA, CA 91910 Phone: (619) 427-3355 Fax: (619) 427-0955 After Hours Phone: (619) 427-3355 Provider Gender: Male NPI: 1629185467 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p>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</p>	<p>N Accessibility: CONTACT PROVIDER Hours: M-F 9AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP</p>
<p>OPHTHALMOLOGY</p> <p>HO, AMIEE Provider ID: 297633 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p>342 F ST CHULA VISTA, CA 91910 Phone: (619) 422-1471 Fax: (619) 422-0450 After Hours Phone: (619)</p>	<p>OPTOMETRIST</p> <p>CHAIN, PEI CHI Provider ID: 297621 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p>342 F ST CHULA VISTA, CA 91910 Phone: (619) 422-1471 Fax: (619) 422-2025 After Hours Phone: (619) 422-1471 Provider Gender: Female NPI: 1730676727 Provider English Spoken: Y Provider Language(s) Spoken: Mandarin Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL):</p>	<p>OPTOMETRIST</p> <p>KOO, ANITA Provider ID: 304830 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p>678 3RD AVE CHULA VISTA, CA 91910 Phone: (619) 662-4100 After Hours Phone: (619) 662-4100 Provider Gender: Female NPI: 1669825667 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>
		<p>OPTOMETRIST</p> <p>KOO, ANITA Provider ID: 304537 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p>835 THIRD AVE STE A</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CHULA VISTA, CA 91911
☎ Phone: (619) 425-7755
Fax: (619) 425-2138
🕒 After Hours Phone: (619) 425-7755
Provider Gender: Female
NPI: 1669825667
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

KOO, ANITA
Provider ID: 306902
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 835 THIRD AVE STE A
CHULA VISTA, CA 91911
☎ Phone: (619) 425-7755
Fax: (619) 425-2138
🕒 After Hours Phone: (619) 425-7755
Provider Gender: Female
NPI: 1669825667
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): Medical Group-SD
N

♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

MASCARENO, EFRAIN
Provider ID: 268679
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 2260 OTAY LAKES RD STE 111
CHULA VISTA, CA 91915
☎ Phone: (619) 421-5550
Fax: (866) 254-5707
🕒 After Hours Phone: (619) 421-5550

Provider Gender: Male
NPI: 1457507279
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 9AM-6PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
Imperial Health Holdings

OPTOMETRIST

MASCARENO, EFRAIN
Provider ID: 262228
Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

📍 2260 OTAY LAKES RD STE 111
CHULA VISTA, CA 91915
☎ Phone: (619) 421-5550
Fax: (866) 254-5707
🕒 After Hours Phone: (619) 421-5550
Provider Gender: Male
NPI: 1457507279
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 9AM-6PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
Imperial Health Holdings
Medical Group-SD

OPTOMETRIST

MASCARENO, EFRAIN
Provider ID: 262229
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

440 4TH AVE STE 9
CHULA VISTA, CA 91910
Phone: (619) 427-2020
Fax: (866) 254-5707

After Hours Phone: (619)
427-2020

Provider Gender: Male

NPI: 1457507279

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-6PM

Website: N/A

IPA: Community Care IPA LLC,
Imperial Health Holdings
Medical Group-SD

OPTOMETRIST

MASCARENO, EFRAIN

Provider ID: 268680

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

440 4TH AVE STE 9
CHULA VISTA, CA 91910
Phone: (619) 427-2020
Fax: (866) 254-5707

After Hours Phone: (619)
427-2020

Provider Gender: Male

NPI: 1457507279

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-6PM

Website: N/A

IPA: Community Care IPA LLC,
Imperial Health Holdings
Medical Group-SD

OPTOMETRIST

NGUYEN, THU

Provider ID: 125032

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 422-0450

After Hours Phone: (619)
422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD

OPTOMETRIST

NGUYEN, THU

Provider ID: 298022

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 422-0450

After Hours Phone: (619)
422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD


OPTOMETRIST

NGUYEN, THU

Provider ID: 265518

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 342 F ST
CHULA VISTA, CA 91910


 Phone: (619) 422-1471


Fax: (619) 422-0450

 After Hours Phone: (619)
422-1471

Provider Gender: Female

NPI: 1326323627

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,
Imperial Health Holdings
Medical Group-SD


OPTOMETRIST

RICHARDSON, JULIA

Provider ID: 297645

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 342 F ST
CHULA VISTA, CA 91910


 Phone: (619) 422-1471

Fax: (619) 422-2025

 After Hours Phone: (619)
422-1471

Provider Gender: Female

NPI: 1770154528

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


OPTOMETRIST

SCOVILL, ALEXANDRA

Provider ID: 297625

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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
COMMUNITY CARE IPA LLC

 340 FOURTH AVE STE 19
CHULA VISTA, CA 91910

 Phone: (619) 761-5308

Fax: (619) 591-1910

 After Hours Phone: (619)
761-5308

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP of Southern Cal-PHP

OTOLARYNGOLOGY


MCCALLION, PATRICK

Provider ID: 290541

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 765 MEDICAL CENTER CT
STE 210

CHULA VISTA, CA 91911


 *Phone: (619) 482-0565*


Fax: (619) 482-2775

 *After Hours Phone: (619)
482-0565*

Provider Gender: Male

NPI: 1134144454

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Arabic, Spanish*

Cultural Competency: N

Hospital Affiliation:

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
IHP OF SOUTHERN CAL-PHP*

 765 MEDICAL CENTER CT
STE 210

CHULA VISTA, CA 91911


 *Phone: (619) 482-0565*

Fax: (619) 482-2775

 *After Hours Phone: (619)
482-0565*

Provider Gender: Male

NPI: 1518456508

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SHARP

*CHULA VISTA MED CTR,
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

PEDIATRIC EMERGENCY

MEDICINE


AGHILI, ROXANA

Provider ID: 303782

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910

 *Phone: (858) 966-1720*


Fax: (858) 966-1725

 *After Hours Phone: (858)
966-1720*

Provider Gender: Female

NPI: 1851927883

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Farsi*

Cultural Competency: N

Hospital Affiliation: KAISER

FOUNDATION HOSPITAL SAN

DIEGO, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: SU 1PM-10PM
M-F 4PM-10PM*

SA 1PM-10PM

 *Website: N/A*

IPA: Rady Childrens Health

Network

PEDIATRIC EMERGENCY

MEDICINE

DEVERA, GEMMIE




Board Certified Specialty: No

RADY CHILDRENS HEALTH


NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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
RADY CHILDRENS HEALTH
NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910
 Phone: (858) 966-1720
Fax: (858) 966-1725

 After Hours Phone: (858)
966-1720


Provider Gender: Female


NPI: 1316162324

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM

 Website: N/A



IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

GROSS, MATTHEW


Provider ID: 297176

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910
 Phone: (858) 966-1720
Fax: (858) 966-1725

 After Hours Phone: (858)
966-1720


Provider Gender: Male
NPI: 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
RADY CHILDRENS HEALTH
NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910
 Phone: (858) 966-1720
Fax: (858) 966-1725

 After Hours Phone: (858)
966-1720





Provider Gender: Female
NPI: 1134681265

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 Website: N/A
IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA

Provider ID: 289411
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910
 Phone: (858) 966-1720
Fax: (858) 966-1725
 After Hours Phone: (858) 966-1720


Provider Gender: Female
NPI: 1083840920

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER


Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 Website: N/A
IPA: Rady Childrens Health Network



PEDIATRICS

ROWHANI, NAGHMEH

Provider ID: 306065
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 280 E ST
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
Fax: (619) 426-2170

 After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1992876759

 Provider English Spoken: Y
 Provider Language(s) Spoken: Persian
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\17

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A
IPA: IHP of Southern Cal-PHP


PHYSICAL MEDICINE / REHABILITATION

RICHARDSON, HENRY

Provider ID: 295275
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 340 4TH AVE STE 19
CHULA VISTA, CA 91910
 Phone: (760) 607-5350
Fax: (760) 607-5365

 After Hours Phone: (760) 607-5350

Provider Gender: Male
NPI: 1407052459

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

GI, HUNG

Provider ID: 302126
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 280 E ST
CHULA VISTA, CA 91910
 Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (619) 662-4196

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1023207404

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Chinese, French, Spanish

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

GUTH, CARA

Provider ID: 299110

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 480 4TH AVE STE 501
CHULA VISTA, CA 91910

☎ Phone: (619) 425-9510

Fax: (858) 455-7197

☎ After Hours Phone: (619) 425-9510

Provider Gender: Female

NPI: 1992177182

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

INDA, PRISCILLA

Provider ID: 309072

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 429 BROADWAY
CHULA VISTA, CA 91910

☎ Phone: (619) 434-0204

Fax: (619) 337-0191

☎ After Hours Phone: (619) 434-0204

Provider Gender: Female

NPI: 1679008379

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Arabic, Russian, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

INDA, PRISCILLA

Provider ID: 265072

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 450 4TH AVE STE 215
CHULA VISTA, CA 91910

☎ Phone: (619) 434-0204

Fax: (619) 337-0191

☎ After Hours Phone: (619) 434-0204

Provider Gender: Female

NPI: 1679008379

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Arabic, Russian, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

MARISCAL, MIGUEL

Provider ID: 308408

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

855 THIRD AVE STE 2200
CHULA VISTA, CA 91911

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1760508923

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

VARGAS, CHRISTOPHER

Provider ID: 268744

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

2452 FENTON ST STE C203
CHULA VISTA, CA 91914

Phone: (619) 600-5309

Fax: (619) 655-4700

After Hours Phone: (619)
600-5309

Provider Gender: Male

NPI: 1922505775

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

VARGAS, CHRISTOPHER

Provider ID: 295945

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2452 FENTON ST STE C101
CHULA VISTA, CA 91914

Phone: (619) 600-5309

Fax: (619) 655-4700

After Hours Phone: (619)
600-5309

Provider Gender: Male

NPI: 1922505775

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

VARGAS, CHRISTOPHER

Provider ID: 295828

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2452 FENTON ST STE C203
CHULA VISTA, CA 91914

Phone: (619) 600-5309

Fax: (619) 655-4700

After Hours Phone: (619)
600-5309

Provider Gender: Male

NPI: 1922505775

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None



American Sign Language (ASL):
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄



PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

WRIGHT, DEREK

Provider ID: 302389
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 340 FOURTH AVESTE 19
CHULA VISTA, CA 91910
 Phone: (619) 761-5308
Fax: (619) 591-1910

 After Hours Phone: (619)
761-5308

Provider Gender: Male

NPI: 1629674858

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

PODIATRIST

BRAZIER, SETH

Provider ID: 306399
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 855 THIRD AVESTE 1100
CHULA VISTA, CA 91911


 Phone: (619) 631-4033

Fax: (619) 880-5057

 After Hours Phone: (619)
631-4033

Provider Gender: Male

NPI: 1033554324

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: KAWEAH
DELTA DISTRICT HOSP, SELMA
COMMUNITY HOSPITAL,
ADVENTIST MEDICAL
CENTER, ADVENTIST MED CTR
REEDLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network

PODIATRIST


CAINE, SAMUEL

Provider ID: 308211
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 345 F ST STE 100
CHULA VISTA, CA 91910

 Phone: (619) 727-3481

Fax: (619) 420-7087

 After Hours Phone: (619)
727-3481

Provider Gender: Male

NPI: 1396230298

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp
Grossmont Hospital, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP CHULA
VISTA MED CTR, SHARP
CORONADO HOSP AND
HEALTHCARE CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PODIATRIST

CAINE, SAMUEL

Provider ID: 308636
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP






 345 F ST STE 100
CHULA VISTA, CA 91910

 Phone: (619) 727-3481

Fax: (619) 420-7087

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 After Hours Phone: (619) 727-3481
 Provider Gender: Male
 NPI: 1396230298
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Sharp
 Grossmont Hospital, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MERCY
 HOSPITAL, SHARP MEMORIAL
 HOSPITAL, SHARP CHULA
 VISTA MED CTR, SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

PODIATRIST

DAVIDSON III, JOHN
 Provider ID: 129545
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 345 F ST STE 100
 CHULA VISTA, CA 91910
 Phone: (619) 427-3481
 Fax: (619) 420-7807
 After Hours Phone: (619)







427-3481
 Provider Gender: Male
 NPI: 1689069874
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SHARP CHULA VISTA
 MED CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-4:30PM
 Website: N/A
 IPA: Community Care IPA LLC

PODIATRIST

READ, TRENTON
 Provider ID: 296655
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 855 3RD AVE STE 1100
 CHULA VISTA, CA 91911
 Phone: (619) 631-4033
 Fax: (619) 880-5057
 After Hours Phone: (619)
 631-4033
 Provider Gender: Male
 NPI: 1952963431
 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP,
 Rady Childrens Health
 Network

PSYCHOLOGIST

BAYLON, ALDO
 Provider ID: 290243
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 Fax: (619) 425-1184
 After Hours Phone: (619)
 662-4100
 Provider Gender: Male
 NPI: 1649429150
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 14\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP
📍 678 3RD AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 662-4100
📠 Fax: (619) 425-1184
🕒 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1952656902
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-8PM
SA 8AM-4PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

GALLO, LINDA

Provider ID: 296782
Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
📍 780 BAY BLVD STE 200
CHULA VISTA, CA 91910
☎ Phone: (619) 662-4100
📠 Fax: (619) 240-7852
🕒 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1427773621
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

GOULD, HILARY

Provider ID: 290467
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 678 3RD AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 662-4100
📠 Fax: (619) 271-0260
🕒 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1104297696
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

WIJAYARATNE, IMANIE

Provider ID: 290092
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 678 3RD AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 662-4100
📠 Fax: (619) 245-1184
🕒 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1932358355
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 5\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

RADIATION ONCOLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CARMONA, RUBEN

Provider ID: 303101

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

769 MEDICAL CENTER CT
CHULA VISTA, CA 91911

Phone: (858) 939-5010
Fax: (619) 740-8499

After Hours Phone: (858)
939-5010

Provider Gender: Male

NPI: 1275929242

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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: 206393

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

769 MEDICAL CENTER CT
CHULA VISTA, CA 91911

Phone: (619) 502-5851

Fax: (619) 502-5865

After Hours Phone: (619)
502-5851

Provider Gender: Female

NPI: 1053348920

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

RADIATION ONCOLOGY

VOLPP, PAUL

Provider ID: 221102

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

769 MEDICAL CENTER CT
CHULA VISTA, CA 91911

Phone: (619) 502-5851
Fax: (619) 502-5865

After Hours Phone: (619)
502-5851

Provider Gender: 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

REGISTERED PHYSICAL

THERAPIST

CHENG, BRANDON

Provider ID: 307786

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)
482-3000

Provider Gender: Male


NPI: 1336894724


Provider English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


 Hours: M-TH 7AM-7PM
F 7AM-5PM
SA 8AM-1PM


 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON

Provider ID: 304529
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1392 E PALOMAR ST STE
503
CHULA VISTA, CA 91913

 Phone: (619) 482-3000
Fax: (619) 482-3001


 After Hours Phone: (619)
482-3000


Provider Gender: Male
NPI: 1336894724

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER


 Hours: M-TH 7AM-7PM
F 7AM-5PM
SA 8AM-1PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

JAIN, ALEXANDRA



Provider ID: 305150
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 880 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
COMMUNITY CARE IPA LLC
 1392 E PALOMAR ST STE
503
CHULA VISTA, CA 91913


 Phone: (619) 482-3000
Fax: (619) 482-3001



 After Hours Phone: (619)
482-3000

Provider Gender: Female
NPI: 1407440670

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-7PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

KARANDE, PRACHI

Provider ID: 301380
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1392 E PALOMAR ST STE
503
CHULA VISTA, CA 91913

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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):
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
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000
Fax: (619) 482-3001

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1699357525

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open 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: 305013

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000
Fax: (619) 482-3001

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 7AM-7PM
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA

Provider ID: 305014

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000
Fax: (619) 482-3001

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 7AM-7PM
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NOVENCIDO, ANDREW

Provider ID: 286782

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

NOVENCIDO, ANDREW

Provider ID: 301994

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

SPARKS, TODD

Provider ID: 129142

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M 7AM-7PM

TU 7AM-0PM

W-TH 7AM-7PM

F 7AM-0PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

SPARKS, TODD

Provider ID: 301108

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M 7AM-7PM


TU 7AM-0PM

W-TH 7AM-7PM

F 7AM-0PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

STAHL, KEVIN


Provider ID: 301418
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1392 E PALOMAR ST STE
503
CHULA VISTA, CA 91913
 Phone: (619) 482-3000
Fax: (619) 482-3001

 After Hours Phone: (619)
482-3000


Provider Gender: Male

NPI: 1760194302

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


REGISTERED PHYSICAL THERAPIST

STAHL, KEVIN

Provider ID: 305424

Board Certified Specialty: No


COMMUNITY CARE IPA LLC
 1392 E PALOMAR ST STE
503
CHULA VISTA, CA 91913

 Phone: (619) 482-3000
Fax: (619) 482-3001

 After Hours Phone: (619)
482-3000


Provider Gender: Male


NPI: 1760194302

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


REGISTERED PHYSICAL THERAPIST

VILLANUEVA, GIOVANNI

Provider ID: 301532

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1392 E PALOMAR ST STE
503
CHULA VISTA, CA 91913

 Phone: (619) 482-3000
Fax: (619) 482-3001

 After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1063046878

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


RHEUMATOLOGY

CHITKARA, PUJA

Provider ID: 262358

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

 765 MEDICAL CENTER CT
STE 216
CHULA VISTA, CA 91911


 Phone: (619) 623-3000
Fax: (619) 623-3001

 After Hours Phone: (619)
623-3000

Provider Gender: Female

NPI: 1871718189

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Russian,
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MERCY HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

 Website: N/A

IPA: Imperial Health Holdings
Medical Group-SD

RHEUMATOLOGY


CHWA, JEFFREY

Provider ID: 268780

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 765 MEDICAL CENTER CT
STE 216

CHULA VISTA, CA 91911

 Phone: (619) 623-3000

Fax: (619) 623-3001

 After Hours Phone: (619)
623-3000

Provider Gender: Male

NPI: 1285989236

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

SPEECH PATHOLOGIST

AROCHO-SALGADO, MIRELIS


Provider ID: 296928

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 333 H ST STE 5000

CHULA VISTA, CA 91910

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y
Cultural Competency: N

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

CLARK, MELISSA


Provider ID: 296923

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 333 H ST STE 5000

CHULA VISTA, CA 91910

 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 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

DURNAN, CASSANDRA


Provider ID: 307884

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 333 H ST STE 5000

CHULA VISTA, CA 91910

 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1073873501

 Provider English Spoken: Y






 Provider Language(s)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄






Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 7AM-7PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

CASILLAS BERUMEN, SERGIO
Provider ID: 304607
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1111 BROADWAY STE 305
CHULA VISTA, CA 91911
 *Phone: (619) 576-7007*
Fax: (619) 567-7775
 *After Hours Phone: (619) 576-7007*
Provider Gender: Male
NPI: 1437470762
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, 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): CITY MEDICAL CTR
N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

ANDRY, JAMES
Provider ID: 302084
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 750 MEDICAL CENTER CT
STE 14
CHULA VISTA, CA 91911
 *Phone: (858) 824-1703*
Fax: (858) 455-6473
 *After Hours Phone: (858) 824-1703*
Provider Gender: Male
NPI: 1679726103
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, TRI

 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

KUSNEZOV, NICHOLAS
Provider ID: 303195
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 750 MEDICAL CENTER CT
STE 14
CHULA VISTA, CA 91911
 *Phone: (858) 824-1703*
Fax: (858) 455-6473
 *After Hours Phone: (858) 824-1703*
Provider Gender: Male
NPI: 1396185161
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, TRI CITY MEDICAL CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Grossmont Hospital, 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: IHP of Southern Cal-PHP

CMP PENDLETON


CERTIFIED NURSE PRACTITIONER


FREEMAN, WANDA

Provider ID: 298117

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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
IHP OF SOUTHERN CAL-PHP

 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
IHP OF SOUTHERN CAL-PHP

 230 PROSPECT PL STE 210
CORONADO, CA 92118

 Phone: (619) 299-0670

Fax: (858) 429-7929

 After Hours Phone: (619)
299-0670

Provider Gender: Female

NPI: 1457670119


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


HEARING AID DEALER / SUPPLIER

DAVIS, KELLE

Provider ID: 268655

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 801 ORANGE AVE
CORONADO, CA 92118

 Phone: (619) 437-8154

Fax: (310) 989-3092

 After Hours Phone: (619)
437-8154

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

SURGERY ORTHOPEDIC

ANDRY, JAMES

Provider ID: 302087
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 230 PROSPECT PL STE 230
 CORONADO, CA 92118
 Phone: (619) 435-7282
 Fax: (619) 435-3723
 After Hours Phone: (619) 435-7282
 Provider Gender: Male
 NPI: 1679726103
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP
 MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

PALLIA, CHRISTOPHER

Provider ID: 302102
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 230 PROSPECT PL STE 230
 CORONADO, CA 92118
 Phone: (619) 435-7282
 Fax: (619) 435-3723
 After Hours Phone: (619) 435-7282
 Provider Gender: Male
 NPI: 1497751457
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, 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

EL CAJON

CARDIOVASCULAR DISEASE

LERNER, JONATHAN

Provider ID: 303446
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 1625 E MAIN ST STE 201
 EL CAJON, CA 92021
 Phone: (619) 486-6512
 Fax: (619) 616-2104
 After Hours Phone: (619) 486-6512
 Provider Gender: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Community Care IPA LLC

CERTIFIED ACUPUNCTURIST

CRAFT, KEVIN

Provider ID: 290945

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

855 E MADISON AVE
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)
440-2751

Provider Gender: Male

NPI: 1659745610

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: TU-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

LOPEZ, MARIA

Provider ID: 308432

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

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: 1790075711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

LOPEZ, MARIA

Provider ID: 307856

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

855 E MADISON AVE
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)
440-2751

Provider Gender: Female

NPI: 1790075711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED NURSE

PRACTITIONER

BRANNEN, MANDY

Provider ID: 241600

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Community Care IPA LLC

CERTIFIED NURSE **PRACTITIONER**

CHUDACEK, JANET

Provider ID: 241626

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

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
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1164812293

Provider English Spoken: Y

Provider Language(s)
Spoken: Persian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

MANRIQUEZ, LISETTE

Provider ID: 307102

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1760058911

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

ORPILLA, IMELDA

Provider ID: 307131

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

855 E MADISON AVE
EL CAJON, CA 92020

Phone: (833) 867-4642

Fax: (360) 462-2746

After Hours Phone: (833)
867-4642

Provider Gender: Female

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA
Provider ID: 306861
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (833) 867-4642
Fax: (360) 462-2746
After Hours Phone: (833)
867-4642
Provider Gender: Female
NPI: 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,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

PIRTLE, KEYSHONE
Provider ID: 284244
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
5442 SYCUAN RD
EL CAJON, CA 92019
Phone: (619) 445-0707
Fax: (619) 445-9764
After Hours Phone: (619)
445-0707
Provider Gender: Male
NPI: 1417567827
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-4PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

WILLIAMS, SHANTRICE
Provider ID: 296007
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
855 E MADISON AVE
EL CAJON, CA 92020

Phone: (619) 440-2751
Fax: (360) 462-2746
After Hours Phone: (619)
440-2751
Provider Gender: Female
NPI: 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

MCCOWN, BARRY
Provider ID: 303849
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


CHIROPRACTOR

MCCOWN, BARRY

Provider ID: 301343

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 855 E MADISON AVE
EL CAJON, CA 92020

 Phone: (619) 440-2751

Fax: (360) 462-2746

 After Hours Phone: (619)
440-2751

Provider Gender: Male

NPI: 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
COMMUNITY CARE IPA LLC

 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: No

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


DERMATOLOGY

LIN, SHINKO

Provider ID: 306321

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 222 W MADISON AVE
EL CAJON, CA 92020

 Phone: (619) 579-5115

Fax: (619) 749-6174

 After Hours Phone: (619)
579-5115

Provider Gender: Female

NPI: 1205130036

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


DERMATOLOGY

LIN, SHINKO

Provider ID: 308218

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 222 W MADISON AVE
EL CAJON, CA 92020

 Phone: (619) 579-5115

Fax: (619) 749-6174

 After Hours Phone: (619)
579-5115

Provider Gender: Female

NPI: 1205130036

 Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


FAMILY PRACTICE

GHAFAARI, DAUOD

Provider ID: 308735

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 855 E MADISON AVE
EL CAJON, CA 92020


 Phone: (619) 440-2751


Fax: (360) 462-2746

 After Hours Phone: (619)
440-2751

Provider Gender: Male

NPI: 1053417691

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Persian,
Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


FAMILY PRACTICE

RONQUILLO, KAREN AN

Provider ID: 304781

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 855 E MADISON AVE
EL CAJON, CA 92020


 Phone: (619) 440-2751

Fax: (360) 462-2746

 After Hours Phone: (619)
440-2751

Provider Gender: Female

NPI: 1275160012

 Provider English Spoken: Y

 Provider Language(s)
Spoken: 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

GASTROENTEROLOGY


NOVO, MEGAN

Provider ID: 296067


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2732 NAVAJO RD STE 200

EL CAJON, CA 92020

 Phone: (619) 266-3332

Fax: (619) 266-6000

 After Hours Phone: (619)
266-3332

Provider Gender: Female

NPI: 1770961971

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄




COMMUNITY CARE IPA LLC

 1767 E MAIN ST
EL CAJON, CA 92021
 Phone: (619) 440-6516
Fax: (619) 440-6547
 After Hours Phone: (619)
440-6516
Provider Gender: Female
NPI: 1063558856
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER




DAVIS, KELLE






Provider ID: 268650
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1767 E MAIN ST
EL CAJON, CA 92021
 Phone: (619) 440-6516
Fax: (619) 440-6547
 After Hours Phone: (619)
440-6516
Provider Gender: Female
NPI: 1902853344
 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

INTERNAL MEDICINE

AWDISHO, ALAN




Provider ID: 291282
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Male
NPI: 1164795498






 Provider English Spoken: Y
 Provider Language(s)
Spoken: Assyrian, Syriac
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


MAY, LOUIS

Provider ID: 294916
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Male
NPI: 1720497514

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
EISENHOWER MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

MICHAEL, RAMI

Provider ID: 294908
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

EL CAJON, CA 92020
☎ Phone: (619) 662-4100
Fax: (619) 205-6305
🕒 After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1467871673
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8:30AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

MOHAMEDALI, BURHAN
Provider ID: 309247
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 1625 E MAIN ST STE 201
EL CAJON, CA 92021
☎ Phone: (619) 486-6512
Fax: (619) 486-6470
🕒 After Hours Phone: (619) 486-6512
Provider Gender: Male

NPI: 1831393289
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish, Swahili
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Adventist Health and Rideout
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 9AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

SHEREV, DIMITRI
Provider ID: 302988
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 1380 EL CAJON BLVD
EL CAJON, CA 92020
☎ Phone: (619) 867-0557
🕒 After Hours Phone: (619) 867-0557
Provider Gender: Male
NPI: 1154323996
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Bulgarian, Russian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,
GROSSMONT HOSPITAL,
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: 309095
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 1625 E MAIN ST STE 201
EL CAJON, CA 92021
☎ Phone: (619) 486-6512
Fax: (619) 616-2104
🕒 After Hours Phone: (619) 486-6512
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1811307051

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital, SHARP
CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 15\99

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 295843

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1625 E MAIN ST STE 201
EL CAJON, CA 92021

 Phone: (619) 486-6512

Fax: (619) 616-2104

 After Hours Phone: (619)
486-6512

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST


AOTO, KIM

Provider ID: 268721


Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 450 FLETCHER PKWY STE
112

EL CAJON, CA 92020

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST


KOO, ANITA

Provider ID: 306904

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 231 W MAIN ST

EL CAJON, CA 92020

 Phone: (619) 425-7755

Fax: (619) 425-2138

 After Hours Phone: (619)
425-7755

Provider Gender: Female

NPI: 1669825667

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

INDA, PRISCILLA

Provider ID: 265073

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 328 HIGHLAND AVE STE
200

EL CAJON, CA 92020

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ Phone: (619) 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
IHP OF SOUTHERN CAL-PHP

📍 855 E MADISON AVE
EL CAJON, CA 92020

☎ Phone: (619) 440-2751

Fax: (360) 462-2746

🕒 After Hours Phone: (619)
440-2751

Provider Gender: Female

NPI: 1396478400

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RAMOS, JACQUELYN

Provider ID: 301106

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 855 E MADISON AVE
EL CAJON, CA 92020

☎ Phone: (619) 440-2751

Fax: (360) 462-2746

🕒 After Hours Phone: (619)
440-2751

Provider Gender: Female

NPI: 1003515131

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

ROSENBLATT, SHERILYN

Provider ID: 305449

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 875 EL CAJON BLVD
EL CAJON, CA 92020

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

🕒 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 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
IHP OF SOUTHERN CAL-PHP

📍 875 EL CAJON BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

EL CAJON, CA 92020
☎ Phone: (619) 662-4100
Fax: (619) 785-3356
🕒 After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1568608636
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

CASEY, SHANNON
Provider ID: 306785
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 215 W MADISON AVE
EL CAJON, CA 92020
☎ Phone: (760) 737-6935
Fax: (760) 741-2782
🕒 After Hours Phone: (760) 737-6935
Provider Gender: Female
NPI: 1548873755
🗣 Provider English Spoken: Y
🗣 Provider Language(s)
Spoken: Sign Language
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None

American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 9AM-7PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PSYCHOLOGIST

CASEY, SHANNON
Provider ID: 290309
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 215 W MADISON AVE
EL CAJON, CA 92020
☎ Phone: (760) 737-6935
Fax: (760) 741-2782
🕒 After Hours Phone: (760) 737-6935

Provider Gender: Female
NPI: 1548873755
🗣 Provider English Spoken: Y
🗣 Provider Language(s)
Spoken: Sign Language
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 9AM-7PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PSYCHOLOGIST

GUARDADO-SOTO, RAQUEL
Provider ID: 290342
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 855 E MADISON AVE
EL CAJON, CA 92020
☎ Phone: (619) 440-2751
Fax: (360) 462-2746
🕒 After Hours Phone: (619) 440-2751





Provider Gender: Female
NPI: 1194999276
🗣 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
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

WHEELER, KIM
Provider ID: 302144
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 875 EL CAJON BLVD
EL CAJON, CA 92020
☎ Phone: (619) 662-4100
Fax: (619) 785-3356
🕒 After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1700577434







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 11\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST




CAMPA, PATRICIA

Provider ID: 302398
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 860 JAMACHA RD STE 203
EL CAJON, CA 92019
 Phone: (619) 573-6373
Fax: (619) 378-6578
 After Hours Phone: (619)
573-6373
Provider Gender: Female
NPI: 1528079357
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM


 Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST


MORRIS, CHAD

Provider ID: 302403
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 860 JAMACHA RD STE 203
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
UCSD MEDICAL GROUP
 1415 ROSS AVE


EL CENTRO, CA 92243
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1932527751

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, SOUTHWEST
HEALTHCARE INLAND
VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

KRAUSE, MARTIN

Provider ID: 287653
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1415 ROSS AVE
EL CENTRO, CA 92243
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP
 1415 ROSS AVE
EL CENTRO, CA 92243
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1053339093
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, TEMECULA
VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

ANESTHESIOLOGY CRITICAL CARE MEDICINE

**RODRIGUEZ-MINETTE,
JESSICA**
Provider ID: 277410
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1415 ROSS AVE
EL CENTRO, CA 92243
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1164809950
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY
Provider ID: 308403
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1500 S IMPERIAL AVE
EL CENTRO, CA 92243
 Phone: (760) 206-4105
Fax: (760) 610-0523
 After Hours Phone: (760)
206-4105
Provider Gender: Male
NPI: 1205949914
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

PITTMAN, LILIANA

Provider ID: 285963

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1326599002

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max 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
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (866) 803-2262

After Hours Phone: (866)
803-2262

Provider Gender: Female

NPI: 1538535570

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

BAGBY, JESSICA

Provider ID: 271137

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093161473

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

GUITTARD, JESSE

Provider ID: 239878

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (760) 339-7100

After Hours Phone: (760)
339-7100

Provider Gender: Male

NPI: 1770979890

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL
CENTRO REGIONAL MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

EMERGENCY MEDICINE

HERNANDEZ, CRISTINA

Provider ID: 242543

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: 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
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (760) 339-7100

After Hours Phone: (760)
339-7100

Provider Gender: Female

NPI: 1205214442

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

HUTCHISON, HEIDI

Provider ID: 272661

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (760) 339-7100

Fax: (760) 352-7612

After Hours Phone: (760)
339-7100

Provider Gender: Female

NPI: 1417483587

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SIERRA
VISTA REGIONAL MED CTR,
TWIN CITIES COMMUNITY
HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

ICHWAN, DANIEL

Provider ID: 283222

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): Board Certified Specialty: Yes
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE


RUDOLF, FRANCES

Provider ID: 240161

Board Certified Specialty: No
UCSD MEDICAL GROUP


 1415 ROSS AVE
EL CENTRO, CA 92243

 Phone: (760) 339-7000

 After Hours Phone: (760)
339-7000

Provider Gender: Female

NPI: 1821487430

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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

UCSD MEDICAL GROUP

 1415 ROSS AVE
EL CENTRO, CA 92243

 Phone: (800) 826-8273

 After Hours Phone: (800)
826-8273

Provider Gender: Male

NPI: 1124280730

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: EL
CENTRO REGIONAL MEDICAL
CENTER, Sharp Grossmont
Hospital


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-8PM
M-F 8AM-5PM
SA 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group

INFECTIOUS DISEASE

AKRAMI, KEVAN

Provider ID: 277342

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1415 ROSS AVE
EL CENTRO, CA 92243

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1225364052

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
TEMECULA VALLEY HOSPITAL
INC, UCSD MEDICAL CTR,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INFECTIOUS DISEASE

SWEENEY, DANIEL

Provider ID: 277369

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1415 ROSS AVE
EL CENTRO, CA 92243

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1497892954

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <i>Accessibility: CONTACT PROVIDER</i> <i>Hours: M-F 8AM-5PM</i> <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i> </p>	<p> <i>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> <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>
--	--	---

INTERNAL MEDICINE CRITICAL CARE MEDICINE

AMANN, CHRISTOPHER
Provider ID: 277245
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1415 ROSS AVE
 EL CENTRO, CA 92243
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1134326895
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, USC KENNETH NORRIS JR CANCER HOSPITAL, KECK HOSPITAL OF USC, USC VERDUGO HILLS HOSPITAL

INTERNAL MEDICINE CRITICAL CARE MEDICINE

BEGOVIC, ADNAN
Provider ID: 277388
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1415 ROSS AVE
 EL CENTRO, CA 92243
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1093791014
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes

INTERNAL MEDICINE CRITICAL CARE MEDICINE

GOWDA, ASHWIN
Provider ID: 277348
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1415 ROSS AVE
 EL CENTRO, CA 92243
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1366736092
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

INTERNAL MEDICINE CRITICAL CARE MEDICINE

PAGE, BRADY

Provider ID: 307660

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1528557550

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE

RAMNATH, VENKTESH

Provider ID: 277358

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (760) 339-7202

After Hours Phone: (760)
339-7202

Provider Gender: Male

NPI: 1215911730

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Hindi,
Kannada, Spanish

Cultural Competency: N

Hospital Affiliation: TEMECULA
VALLEY HOSPITAL INC,

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,

EL CENTRO REGIONAL
MEDICAL CENTER, UCSD

MEDICAL CTR, HEALDSBURG
HOSPITAL, Providence

Redwood Memorial Hospital,
Providence Redwood Memorial

Hospital, UCSD LA JOLLA
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE

TRAN, LINH

Provider ID: 277391

Board Certified Specialty: No
UCSD MEDICAL GROUP

1415 ROSS AVE

EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1851682728

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, SOUTHWEST

HEALTHCARE RANCHO
SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (760) 339-7202

After Hours Phone: (760)
339-7202

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1720346083

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, EL CENTRO
REGIONAL MEDICAL CENTER,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
TEMECULA VALLEY HOSPITAL
INC, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

SURGERY NEUROLOGICAL

BARBA, DAVID

Provider ID: 244089
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1671 W MAIN ST STE B
EL CENTRO, CA 92243
 Phone: (855) 543-0555
Fax: (888) 539-8781
 After Hours Phone: (855)
543-0555
Provider Gender: Male
NPI: 1093730251
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
UCSD LA JOLLA JOHN SALLY
THORNTON, SCRIPPS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

ENCINITAS

CERTIFIED ACUPUNCTURIST

ARELLANO, JACQUELINE

Provider ID: 304139
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1200 GARDEN VIEW RD
ENCINITAS, CA 92024
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1104129485
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-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
IHP OF SOUTHERN CAL-PHP
 1130 2ND ST
ENCINITAS, CA 92024
 Phone: (760) 736-6767
Fax: (760) 736-8740
 After Hours Phone: (760)
736-6767

Provider Gender: Male

NPI: 1841857729

Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 304133
Board Certified Specialty: No
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1407401128

Provider English Spoken: Y
Provider Language(s)
Spoken: Tagalog

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

CARDINELL, ANNA

Provider ID: 291412
Board Certified Specialty: No
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1306978614

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

CHAMBERS, KATRINA

Provider ID: 303521
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

781 GARDEN VIEW CT STE
100
ENCINITAS, CA 92024

Phone: (760) 183-0441
Fax: (760) 635-5972

After Hours Phone: (760)
183-0441

Provider Gender: Female
NPI: 1710695143

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

DWYER, ERIN

Provider ID: 301447
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

320 SANTA FE DR STE 108
ENCINITAS, CA 92024

Phone: (760) 436-4558
Fax: (858) 429-7926

After Hours Phone: (760)
436-4558

Provider Gender: Female
NPI: 1003260894

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

HEAD, KRISTIN

Provider ID: 268657

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545
Fax: (760) 944-3927

After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

HOOPER, BONNIE

Provider ID: 275253

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024

Phone: (760) 436-2300

Fax: (760) 436-5482

After Hours Phone: (760)
436-2300

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

KORMANIK, PATRICIA

Provider ID: 282071

Board Certified Specialty: No
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093895047

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 301602

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

320 SANTA FE DR STE 108
ENCINITAS, CA 92024

Phone: (760) 436-4558

Fax: (858) 429-7926

After Hours Phone: (760)
436-4558

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):


N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**


PAKENHAM, KATE

Provider ID: 296268
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 1130 2ND ST
ENCINITAS, CA 92024
 Phone: (760) 736-6767
Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

Provider Gender: Female
NPI: 1578299343

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 8AM-8PM
M-F 8AM-8PM
SA 8AM-5PM


 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

SRILASAK, MICHELE


Provider ID: 281856
Board Certified Specialty: No
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273



Provider Gender: Female
NPI: 1265487326

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A


IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

YEO, ALEXANDRIA


Provider ID: 299940
Board Certified Specialty: No
UCSD MEDICAL GROUP

 1505 ENCINITAS BLVD
ENCINITAS, CA 92024


 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1902368319

 Provider English Spoken: Y
Cultural Competency: N
Medi-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**

HUPFELD, CHRISTOPHER


Provider ID: 277111
Board Certified Specialty: No
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
STE 100
ENCINITAS, CA 92024

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1568429165




 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






D. 專業提供者目錄

N



 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

GASTROENTEROLOGY

PATEL, JANKI

Provider ID: 305301
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 781 GARDEN VIEW CT STE 100
ENCINITAS, CA 92024
 *Phone: (760) 354-9697*
Fax: (760) 635-5972
 *After Hours Phone: (760) 354-9697*
Provider Gender: Female
NPI: 1548606668
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Gujarati, Hindi*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP


GYNECOLOGIC ONCOLOGY

ESKANDER, RAMEZ




Provider ID: 282164
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024
 *Phone: (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

HOSPICE AND PALLIATIVE MEDICINE

RUBENZIK, TAMARA

Provider ID: 245575
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1200 GARDEN VIEW RD STE 100
ENCINITAS, CA 92024
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: 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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


<p><u>HOSPICE AND PALLIATIVE MEDICINE</u></p>	<p>UCSD MEDICAL GROUP</p>	<p>657-7200</p>
<p>RUBENZIK, TAMARA</p>	<p>781 GARDEN VIEW CT STE 200 ENCINITAS, CA 92024</p>	<p>Provider Gender: Male NPI: 1902862121</p>
<p>Provider ID: 282127</p>	<p>Phone: (858) 657-7200</p>	<p>Provider English Spoken: Y</p>
<p>Board Certified Specialty: No</p>	<p>After Hours Phone: (858) 657-7200</p>	<p>Cultural Competency: N</p>
<p>UCSD MEDICAL GROUP</p>	<p>Provider Gender: Male</p>	<p>Hospital Affiliation: UCSD</p>
<p>1200 GARDEN VIEW RD STE 200 ENCINITAS, CA 92024</p>	<p>NPI: 1871767384</p>	<p>MEDICAL CTR, SCRIPPS</p>
<p>Phone: (800) 926-8273</p>	<p>Provider English Spoken: Y</p>	<p>MERCY HOSPITAL, SCRIPPS</p>
<p>Fax: (888) 539-8781</p>	<p>Cultural Competency: N</p>	<p>MERCY HOSPITAL CHULA</p>
<p>After Hours Phone: (800) 926-8273</p>	<p>Hospital Affiliation: UCSD</p>	<p>VISTA, SCRIPPS MEMORIAL</p>
<p>Provider Gender: Female</p>	<p>MEDICAL CTR, UCSD LA</p>	<p>HOSPITAL ENCINITAS,</p>
<p>NPI: 1811200652</p>	<p>JOLLA JOHN SALLY</p>	<p>PALOMAR MEDICAL CENTER,</p>
<p>Provider English Spoken: Y</p>	<p>THORNTON, EISENHOWER</p>	<p>SCRIPPS MEMORIAL</p>
<p>Cultural Competency: N</p>	<p>MEDICAL CTR</p>	<p>HOSPITAL, UCSD LA JOLLA</p>
<p>Hospital Affiliation: UCSD LA</p>	<p>Medi-Cal Open Panel: Yes</p>	<p>JOHN SALLY THORNTON,</p>
<p>JOLLA JOHN SALLY</p>	<p>Min/Max Age: 16\None</p>	<p>UCSD LA JOLLA JOHN SALLY</p>
<p>THORNTON, UCSD MEDICAL</p>	<p>American Sign Language (ASL):</p>	<p>THORNTON</p>
<p>CTR</p>	<p>N</p>	<p>Medi-Cal Open Panel: Yes</p>
<p>Medi-Cal Open Panel: Yes</p>	<p>Accessibility: CONTACT</p>	<p>Min/Max Age: 16\None</p>
<p>Min/Max Age: 0\None</p>	<p>PROVIDER</p>	<p>American Sign Language (ASL):</p>
<p>American Sign Language (ASL):</p>	<p>Hours: M-F 8AM-5PM</p>	<p>N</p>
<p>N</p>	<p>Website: N/A</p>	<p>Accessibility: CONTACT</p>
<p>Accessibility: CONTACT</p>	<p>IPA: UCSD Medical Group</p>	<p>PROVIDER</p>
<p>PROVIDER</p>	<p>Hours: M-F 8AM-5PM</p>	<p>Hours: M-F 8AM-5PM</p>
<p>Hours: M-F 8AM-5PM</p>	<p>Website: N/A</p>	<p>Website: N/A</p>
<p>Website: N/A</p>	<p>IPA: UCSD Medical Group</p>	<p>IPA: UCSD Medical Group</p>
<p>IPA: UCSD Medical Group</p>	<p><u>MATERNAL AND FETAL MEDICINE</u></p>	<p><u>MATERNAL AND FETAL MEDICINE</u></p>
<p><u>MATERNAL AND FETAL MEDICINE</u></p>	<p>HULL, ANDREW</p>	<p>LAURENT, LOUISE</p>
<p>BALLAS, JERASIMOS</p>	<p>Provider ID: 209483</p>	<p>Provider ID: 208641</p>
<p>Provider ID: 209562</p>	<p>Board Certified Specialty: No</p>	<p>Board Certified Specialty: No</p>
<p>Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP</p>	<p>UCSD MEDICAL GROUP</p>
<p>781 GARDEN VIEW CT STE 200 ENCINITAS, CA 92024</p>	<p>781 GARDEN VIEW CT STE 200 ENCINITAS, CA 92024</p>	<p>781 GARDEN VIEW CT STE 200 ENCINITAS, CA 92024</p>
<p>Phone: (858) 657-7200</p>	<p>Phone: (858) 657-7200</p>	<p>Phone: (858) 657-7200</p>
<p>After Hours Phone: (858) 657-7200</p>	<p>After Hours Phone: (858) 657-7200</p>	<p>After Hours Phone: (858) 657-7200</p>


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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
UCSD MEDICAL GROUP

 781 GARDEN VIEW CT STE 200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858) 657-7200

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE


RICHARDSON, ALVIE

Provider ID: 277315

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 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 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


WOELKERS, DOUGLAS


Provider ID: 209384

Board Certified Specialty: No
UCSD MEDICAL GROUP

 781 GARDEN VIEW CT STE 200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858) 657-7200

Provider Gender: Male

NPI: 1013965748

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,




SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEMORIAL HOSPITAL
ENCINITAS, PALOMAR
MEDICAL CENTER, UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE





WOLF, RICHARD

Provider ID: 209254
Board Certified Specialty: No
UCSD MEDICAL GROUP
 781 GARDEN VIEW CT STE
200
ENCINITAS, CA 92024
 Phone: (858) 657-7200
 After Hours Phone: (858)
657-7200
Provider Gender: Male
NPI: 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: 283286
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 354 SANTA FE DR
ENCINITAS, CA 92024
 Phone: (760) 633-6120
 After Hours Phone: (760)
633-6120
Provider Gender: Female
NPI: 1528454188
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network























NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE

Provider ID: 301821
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 354 SANTA FE DR
ENCINITAS, CA 92024
 Phone: (760) 633-6120
Fax: (760) 633-7385
 After Hours Phone: (760)
633-6120
Provider Gender: Female
NPI: 1003260951
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network</p>	<p>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</p>	<p>DIEGO, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N</p>
<hr/> <p>NEONATAL / PERINATAL MEDICINE</p>	<p>N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network</p>	<p> Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network</p>
<hr/> <p>SAUER, CHARLES Provider ID: 303905 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  354 SANTA FE DR ENCINITAS, CA 92024  Phone: (760) 633-6120 Fax: (760) 633-7385  After Hours Phone: (760) 633-6120 Provider Gender: Male NPI: 1538388988  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,</p>	<hr/> <p>NEUROLOGY</p> <p>BUI, JONATHAN Provider ID: 269966 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  477 N EL CAMINO REAL STE 302 ENCINITAS, CA 92024  Phone: (760) 944-6377 Fax: (760) 944-3927  After Hours Phone: (760) 944-6377 Provider Gender: Male NPI: 1730247974  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN</p>	<hr/> <p>NEUROLOGY</p> <p>JINDAL, ANUJA Provider ID: 206264 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  477 N EL CAMINO REAL STE 302 ENCINITAS, CA 92024  Phone: (760) 944-5545 Fax: (760) 944-3927  After Hours Phone: (760) 944-5545 Provider Gender: Female NPI: 1194046581  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

NEUROLOGY


SCHORR, EMILY

Provider ID: 305022

Board Certified Specialty: No UCSD MEDICAL GROUP

 *1200 GARDEN VIEW RD
ENCINITAS, CA 92024*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1255862041

 *Provider English Spoken: Y
Cultural Competency: N*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group

NEUROLOGY CHILD


KIMMCMANUS, OLIVIA

Provider ID: 206258


*Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK*

 *477 N EL CAMINO REAL*

*BLDG D STE 302
ENCINITAS, CA 92024*

 *Phone: (760) 944-5545*

Fax: (760) 944-3927

 *After Hours Phone: (760) 944-5545*

Provider Gender: Female

NPI: 1174870067

 *Provider English Spoken: Y
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
RADY CHILDRENS HEALTH NETWORK*

 *477 N EL CAMINO REAL
STE D302*

ENCINITAS, CA 92024


 *Phone: (760) 944-5545*

Fax: (760) 944-3927

 *After Hours Phone: (760) 944-5545*

Provider Gender: Female

NPI: 1275604035


 *Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

BINDER, PRATIBHA

Provider ID: 282167

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 *1200 GARDEN VIEW RD
STE 200*

ENCINITAS, CA 92024

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1174758031

 *Provider English Spoken: Y
Cultural Competency: N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

DELCORE, LAURA

Provider ID: 291325

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


DRIEBE, AMY

Provider ID: 293447

Board Certified Specialty: No
UCSD MEDICAL GROUP

 781 GARDEN VIEW CT STE
200

ENCINITAS, CA 92024

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


DRIEBE, AMY

Provider ID: 291336

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD

ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

DRIEBE, AMY

Provider ID: 293448

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1505 ENCINITAS BLVD
ENCINITAS, CA 92024

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


LAMALE-SMITH, LEAH


Provider ID: 208682

Board Certified Specialty: No
UCSD MEDICAL GROUP

 781 GARDEN VIEW CT STE 200


ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858) 657-7200

Provider Gender: Female

NPI: 1396904876

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR


Medi-Cal Open 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
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY


BANSAL, PREETI

Provider ID: 205617

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024


 Phone: (858) 309-7702
Fax: (760) 944-3927

 After Hours Phone: (858) 309-7702

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT

HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 267315
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545
Fax: (760) 944-3927

After Hours Phone: (760)
944-5545

Provider Gender: Female
NPI: 1104237353

Provider English Spoken: Y
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
RADY CHILDRENS HEALTH

NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545
Fax: (760) 944-3927

After Hours Phone: (760)
944-5545

Provider Gender: Female
NPI: 1699216010

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OPHTHALMOLOGY

MOLL, ANGELA

Provider ID: 205507

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545
Fax: (760) 944-3927

After Hours Phone: (760)
944-5545

Provider Gender: Female
NPI: 1861648602

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL
HOSPITAL, UCSF BENIOFF
CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OPHTHALMOLOGY

MOVAGHAR, MANSOOR

Provider ID: 216413

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
BLD D STE 302
ENCINITAS, CA 92024

Phone: (760) 944-5545

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ *After Hours Phone: (760) 944-5545*

Provider Gender: Male

NPI: 1497792220

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

IPA: Rady Childrens Health

Network, UCSD Medical Group

OPHTHALMOLOGY

OHALLORAN, HENRY

Provider ID: 205886

*Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK*

📍 *477 N EL CAMINO REAL
STE D302*

ENCINITAS, CA 92024

☎ *Phone: (760) 944-5545*

Fax: (760) 944-3927

☎ *After Hours Phone: (760) 944-5545*

Provider Gender: Male

NPI: 1235287947

☑ *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation:

*GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health
Network*

OPTOMETRIST

AOTO, KIM

Provider ID: 296797

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

📍 *320 SANTA FE DR STE 104
ENCINITAS, CA 92024*

☎ *Phone: (760) 943-7141*

Fax: (760) 943-0371

☎ *After Hours Phone: (760) 943-7141*

Provider Gender: Female

NPI: 1780935650

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Vietnamese*

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M 9AM-5PM*

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP*

OTOLARYNGOLOGY

BLISS, MORGAN

Provider ID: 206085

*Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK*

📍 *477 N EL CAMINO REAL
STE 302*

ENCINITAS, CA 92024

☎ *Phone: (760) 944-5545*

Fax: (760) 944-3927

☎ *After Hours Phone: (760) 944-5545*

Provider Gender: Female

NPI: 1760707657

☑ *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: RADY

*CHILDRENS HOSPITAL SAN
DIEGO*

Medi-Cal Open Panel: Yes




Min/Max Age: 0\19

American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network


OTOLARYNGOLOGY

FRIESEN, TZYYNONG




Provider ID: 244900
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
 *Phone: (760) 944-5545*
 *After Hours Phone: (760) 944-5545*

Provider Gender: Female
NPI: 1952740177

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*



IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

LEUIN, SHELBY


Provider ID: 206112

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
 *Phone: (760) 944-5545*
Fax: (760) 944-3927




 *After Hours Phone: (760) 944-5545*

Provider Gender: Female
NPI: 1124230909

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*

IPA: Rady Childrens Health Network


OTOLARYNGOLOGY


PATEL, VIJAY

Provider ID: 297035


Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

 *Phone: (760) 944-5545*
Fax: (760) 944-3927

 *After Hours Phone: (760) 944-5545*



Provider Gender: Male
NPI: 1508250747

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*
 *Website: N/A*

IPA: Rady Childrens Health Network


PEDIATRIC ALLERGY / IMMUNOLOGY

GREINER, ALEXANDER

Provider ID: 205696

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

 *Phone: (858) 966-4900*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH NETWORK

📍 477 N EL CAMINO REAL STE D302

ENCINITAS, CA 92024

☎ Phone: (760) 944-5545

Fax: (760) 944-3927

☎ After Hours Phone: (760) 944-5545

Provider Gender: Female

NPI: 1023329885

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI

Provider ID: 239115

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 477 N EL CAMINO REAL BLDG D STE 302

ENCINITAS, CA 92024

☎ Phone: (760) 944-5545

Fax: (760) 944-3927

☎ After Hours Phone: (760) 944-5545

Provider Gender: Male

NPI: 1376705707

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE

Provider ID: 206299

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 477 N EL CAMINO REAL BLDG D STE 302

ENCINITAS, CA 92024

☎ Phone: (760) 944-5545

Fax: (760) 944-3927

☎ After Hours Phone: (760) 944-5545

Provider Gender: Male

NPI: 1417222472

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO




Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄


 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER

Provider ID: 301641
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK



 477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

 *Phone: (760) 944-5545*
Fax: (760) 944-3927

 *After Hours Phone: (760) 944-5545*

Provider Gender: Male

NPI: 1912369273

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish, Yue Chinese*

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR



Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

YOUNG, JOCELYN

Provider ID: 294676
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

 *Phone: (760) 944-5545*
Fax: (760) 944-3927

 *After Hours Phone: (760) 944-5545*

Provider Gender: Female

NPI: 1306227491

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UC DAVIS MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


IPA: Rady Childrens Health Network


PEDIATRIC PULMONOLOGY

CERNELC-KOHAN, MATEJKA

Provider ID: 243043

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 477 N EL CAMINO REAL
STE 302 BLDG D
ENCINITAS, CA 92024

 *Phone: (760) 944-5545*
Fax: (760) 944-3927

 *After Hours Phone: (760) 944-5545*

Provider Gender: Female

NPI: 1871752451


 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 294642
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545
Fax: (760) 944-3927

After Hours Phone: (760)
944-5545

Provider Gender: Female
NPI: 1144615659

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC RHEUMATOLOGY

CHANG, JOHANNA

Provider ID: 246395

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
STE D302

ENCINITAS, CA 92024
Phone: (760) 944-5545
After Hours Phone: (760)
944-5545

Provider Gender: Female
NPI: 1821242199

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICAL MEDICINE / REHABILITATION

LEE, HAEWON

Provider ID: 256227

Board Certified Specialty: No
UCSD MEDICAL GROUP

477 N EL CAMINO REAL
STE C100

ENCINITAS, CA 92024
Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1447661657

Provider English Spoken: Y

Provider Language(s)
Spoken: Korean
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HIGGINS, JOSHUA

Provider ID: 287134

Board Certified Specialty: No
UCSD MEDICAL GROUP

1505 ENCINITAS BLVD
ENCINITAS, CA 92024

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1861624181

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

PELIO, DARREN

Provider ID: 293443

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE


Provider ID: 302454

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-5545

 After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1205381845

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL

HOSPITAL


Medi-Cal Open Panel: No


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

PHYSICIANS ASSISTANT


SUTTON, BRIAN

Provider ID: 272241

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
STE 200

ENCINITAS, CA 92024

 Phone: (760) 598-1776

Fax: (760) 598-5744

 After Hours Phone: (760)
598-1776

Provider Gender: Male

NPI: 1629174727

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


VANETSKY, GARY

Provider ID: 269152

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 477 N EL CAMINO REAL
STE D308

ENCINITAS, CA 92024

 Phone: (760) 436-2300

Fax: (760) 436-5482

 After Hours Phone: (760)
436-2300

Provider Gender: Male


NPI: 1417034489


 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


IPA: Community Care IPA LLC

PODIATRIST


DUSTIN, ADAM

Provider ID: 275800

Board Certified Specialty: No
UCSD MEDICAL GROUP

 326 ENCINITAS BLVD STE 100

ENCINITAS, CA 92024

 *Phone: (760) 436-5533*


Fax: (760) 436-0611

 *After Hours Phone: (760) 436-5533*

Provider Gender: Male

NPI: 1043389026

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 *Accessibility: CONTACT*

PROVIDER

 *Hours: M-F 9AM-5PM*

 *Website: N/A*


IPA: UCSD Medical Group


PSYCHOLOGIST

GOMEZ, JUANITA

Provider ID: 291423

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1505 ENCINITAS BLVD
ENCINITAS, CA 92024


 *Phone: (800) 926-8273*


Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1790915759

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N


Medi-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


BAUTISTA, JENNIFER

Provider ID: 297958

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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
IHP OF SOUTHERN CAL-PHP

 326 SANTA FE DR STE 100
ENCINITAS, CA 92024

 *Phone: (760) 230-8994*

Fax: (760) 944-1309

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
 COMMUNITY CARE IPA LLC
 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
 UCSD MEDICAL GROUP
 1200 GARDEN VIEW RD STE 200 ENCINITAS, CA 92024
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1235369067
 Provider English Spoken: Y

Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

SURGERY GENERAL

ARMANI, AVA

Provider ID: 282143
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 1200 GARDEN VIEW RD STE 200 ENCINITAS, CA 92024
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1861759383
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF MEDICAL CENTER, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY GENERAL


JACOBSEN, GARTH

Provider ID: 201730

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
ENCINITAS, CA 92024

 Phone: (858) 657-8860

 After Hours Phone: (858)
657-8860

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL): N

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

SURGERY PEDIATRIC


FAIRBANKS, TIMOTHY

Provider ID: 205497

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)
944-5545

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF
CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

SURGERY PEDIATRIC


KLING, KAREN

Provider ID: 206128


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SHARP MARY BIRCH HOSP
FOR WOMEN AND

NEWBORNS, NATIONAL
NAVAL MED CTR, SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):


N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Website: N/A
IPA: Rady Childrens Health Network


SURGERY PLASTIC

REID, CHRISTOPHER

Provider ID: 238130
Board Certified Specialty: No
UCSD MEDICAL GROUP


 1200 GARDEN VIEW RD
ENCINITAS, CA 92024

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

ESCONDIDO


ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY


Provider ID: 308112

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 637 E GRAND AVE
ESCONDIDO, CA 92025


 Phone: (760) 610-0522


Fax: (760) 610-0523

 After Hours Phone: (760) 610-0522

Provider Gender: Male

NPI: 1205949914

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP

AND HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT


BROWNLOW, ROY

Provider ID: 308401


Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 637 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (760) 610-0522


Fax: (760) 610-0523

 After Hours Phone: (760) 610-0522

Provider Gender: Male

NPI: 1205949914

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP

AND HEALTHCARE CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON

Provider ID: 299881

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 1955 CITRACADO PKWY
STE 203

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

ESCONDIDO, CA 92029
☎ Phone: (760) 738-5533
Fax: (760) 738-3835
🕒 After Hours Phone: (760) 738-5533
Provider Gender: Male
NPI: 1689092470
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON

Provider ID: 300090
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 1955 CITRACADO PKWY STE 203
ESCONDIDO, CA 92029
☎ Phone: (760) 738-5533
Fax: (760) 738-3835
🕒 After Hours Phone: (760)

738-5533
Provider Gender: Male
NPI: 1689092470
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

ROBINSON, COLE

Provider ID: 300171
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 160 N DATE ST
ESCONDIDO, CA 92025
☎ Phone: (888) 873-6220
Fax: (888) 873-6220
🕒 After Hours Phone: (888) 873-6220
Provider Gender: Male
NPI: 1871799528
🗣 Provider English Spoken: Y
🗣 Provider Language(s)

Spoken: German
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

LERNER, JONATHAN

Provider ID: 309268
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
☎ Phone: (760) 294-0480
Fax: (760) 294-0481
🕒 After Hours Phone: (760) 294-0480
Provider Gender: Male
NPI: 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





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER






HEAD, KRISTIN




Provider ID: 277866
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
 *Phone: (760) 294-9260*
Fax: (760) 294-9274
 *After Hours Phone: (760) 294-9260*
Provider Gender: Female
NPI: 1699078923
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER


JANNESARI, ROYA


Provider ID: 302339
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 625 CITRACADO PKWY STE
108
ESCONDIDO, CA 92025
 *Phone: (760) 743-1431*
Fax: (760) 743-6455
 *After Hours Phone: (760) 743-1431*
Provider Gender: Female
NPI: 1063585099
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Farsi, Persian*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP




CERTIFIED NURSE PRACTITIONER

KESHAVARZI, SARA

Provider ID: 305938
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 488 E VALLEY PKWY STE




411
ESCONDIDO, CA 92025
 *Phone: (760) 466-9800*
Fax: (360) 462-2741
 *After Hours Phone: (760) 466-9800*
Provider Gender: Female
NPI: 1457996126

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LEE, SHULAMI

Provider ID: 308495
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 728 E VALLEY PKWY
ESCONDIDO, CA 92025
 *Phone: (760) 737-6900*
Fax: (360) 462-2748
 *After Hours Phone: (760) 737-6900*

Provider Gender: Female
NPI: 1003534132
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Korean*
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

MCCARTHY, KATHRYN


Provider ID: 298143

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025

 Phone: (760) 466-9800

Fax: (360) 462-2741

 After Hours Phone: (760) 466-9800

Provider Gender: 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, LARHONDA

Provider ID: 299259

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

 Phone: (442) 281-3193

Fax: (442) 281-3197

 After Hours Phone: (442) 281-3193

Provider Gender: Female

NPI: 1831627181

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER, RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


CERTIFIED REGISTERED NURSE ANESTHETIST

SEILNACHT-BERNARD, KAREN

Provider ID: 269203

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 488 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (877) 217-8505

Fax: (760) 735-6296

 After Hours Phone: (877) 217-8505

Provider Gender: Female

NPI: 1861562498

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

EMERGENCY MEDICINE


PHAM, LILY

Provider ID: 304936

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

 Phone: (760) 739-1543

Fax: (760) 294-9274


 After Hours Phone: (760) 739-1543

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1811423072

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health
Network

ENDOCRINOLOGY

METABOLISM DIABETES


REDDY, NAVYA

Provider ID: 302350

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 625 CITRACADO PKWY STE
108

ESCONDIDO, CA 92025

 Phone: (760) 743-1431

Fax: (760) 743-6455

 After Hours Phone: (760)
743-1431

Provider Gender: Female

NPI: 1083069611

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


FAMILY PRACTICE

MATSHE, ZENZIWE

Provider ID: 306033

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (760) 466-1373

 After Hours Phone: (760)
520-8100

Provider Gender: Female

NPI: 1285256073

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


GASTROENTEROLOGY


GARA, NAVEEN

Provider ID: 269145

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 661 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025

 Phone: (760) 690-2800


Fax: (760) 690-2801

 After Hours Phone: (760)
690-2800

Provider Gender: Male

NPI: 1942406533

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, PALOMAR


MEDICAL CENTER, PALOMAR


HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

GASTROENTEROLOGY

GARA, NAVEEN

Provider ID: 305691

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 935 E PENNSYLVANIA AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

ESCONDIDO, CA 92025
☎ Phone: (760) 690-2800
Fax: (949) 404-6908
🕒 After Hours Phone: (760) 690-2800
Provider Gender: Male
NPI: 1942406533
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Hindi, Telugu
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, PALOMAR
MEDICAL CENTER, PALOMAR
HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE
Provider ID: 268690
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 330 W FELICITA AVE STE
A4
ESCONDIDO, CA 92025
☎ Phone: (760) 489-1323
Fax: (760) 489-0975
🕒 After Hours Phone: (760)

489-1323
Provider Gender: Female
NPI: 1063558856
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

INTERNAL MEDICINE

CHEN, ANDREW
Provider ID: 296830
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 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

INTERNAL MEDICINE

MALEK, MIKHAIL
Provider ID: 296831
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED

Provider ID: 296842

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT,
Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED

Provider ID: 296843

Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

2130 CITRACADO

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

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
COMMUNITY CARE IPA LLC

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

MOHAMEDALI, BURHAN

Provider ID: 309248

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

488 E VALLEY PKWY STE
107

ESCONDIDO, CA 92025

Phone: (760) 294-0480

Fax: (760) 294-0481

After Hours Phone: (760)
294-0480

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Male
 NPI: 1831393289
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Swahili
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 Adventist Health and Rideout
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

SAWHNEY, NAVINDER

Provider ID: 304784
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 2130 CITRACADO
 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

SUDHAKAR, DEEPTHI

Provider ID: 295845
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 488 E VALLEY PKWY STE
 107
 ESCONDIDO, CA 92025
 Phone: (760) 294-0480
 Fax: (619) 616-2104
 After Hours Phone: (760)
 294-0480
 Provider Gender: Female
 NPI: 1811307051
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Sharp
 Grossmont Hospital, SHARP
 CHULA VISTA MED CTR
 Medi-Cal Open Panel: Yes

Min/Max Age: 15\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP


INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 309097
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 488 E VALLEY PKWY STE
 107
 ESCONDIDO, CA 92025
 Phone: (760) 294-0480
 Fax: (619) 616-2104
 After Hours Phone: (760)
 294-0480
 Provider Gender: Female
 NPI: 1811307051
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Sharp
 Grossmont Hospital, SHARP
 CHULA VISTA MED CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 15\99
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄


 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

MATERNAL AND FETAL MEDICINE

MELBER, DORA



Provider ID: 296996
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 2125 CITRACADO PKWY
 STE 200
 ESCONDIDO, CA 92029

 Phone: (858) 966-6710
 Fax: (858) 966-6711

 After Hours Phone: (858)
 966-6710

Provider Gender: Female
 NPI: 1124413026

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hungarian,
 Spanish


Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR, RADY CHILDRENS
 HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER


 Hours: M-F 8AM-5PM


 Website: N/A
 IPA: Rady Childrens Health
 Network, UCSD Medical Group

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA


Provider ID: 294655
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 2125 CITRACADO PKWY
 STE 200
 ESCONDIDO, CA 92029

 Phone: (858) 966-6710
 Fax: (858) 966-6711

 After Hours Phone: (858)
 966-6710


Provider Gender: Female
 NPI: 1801207634


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Medi-Cal Open Panel: Yes
 Min/Max 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
 RADY CHILDRENS HEALTH
 NETWORK

 2185 CITRACADO PKWY
 ESCONDIDO, CA 92029

 Phone: (442) 281-3193
 Fax: (442) 281-3197

 After Hours Phone: (442)
 281-3193

Provider Gender: Female
 NPI: 1003028416

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SOUTHWEST
 HEALTHCARE INLAND
 VALLEY HOSPITAL,
 SOUTHWEST HEALTHCARE
 RANCHO SPRINGS HOSPITAL,
 SCRIPPS MEMORIAL
 HOSPITAL, SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network


NEONATAL / PERINATAL MEDICINE

SAUER, CHARLES

Provider ID: 206163

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442)
281-2850

Provider Gender: Male


NPI: 1538388988

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
PALOMAR MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, PALOMAR
HEALTH, SCRIPPS MEMORIAL
HOSPITAL, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): RANCHO SPRINGS HOSPITAL,
SCRIPPS MEMORIAL

 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
RADY CHILDRENS HEALTH
NETWORK

 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442)
281-2850

Provider Gender: Female

NPI: 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

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
RADY CHILDRENS HEALTH
NETWORK

 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

 Phone: (442) 281-3193

Fax: (442) 281-3197

 After Hours Phone: (442)
281-3193

Provider Gender: Female

NPI: 1164572632

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP

 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
RADY CHILDRENS HEALTH
NETWORK

 2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)
294-9260

Provider Gender: Male

NPI: 1568773984

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND, SHARP MEMORIAL
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY


JINDAL, ANUJA

Provider ID: 277838

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029


 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)
294-9260

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY

KIMMCANUS, OLIVIA

Provider ID: 277873

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

Phone: (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
RADY CHILDRENS HEALTH

NETWORK

2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)
294-9260

Provider Gender: Male

NPI: 1487819546

Provider English Spoken: Y

Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

SAHAGIAN, MICHELLE

Provider ID: 206076

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

625 CITRACADO PKWY STE

100

ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)
294-9260

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

HINSHAW, PAUL

Provider ID: 277040

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

1955 CITRACADO PKWY
STE 302
ESCONDIDO, CA 92029

Phone: (760) 233-1896

Fax: (760) 233-1899

After Hours Phone: (760)
233-1896

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Male
NPI: 1215170717
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-TH 9AM-4:30PM
F 9AM-2PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

HINSHAW, PAUL

Provider ID: 277041
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 488 E VALLEY PKWY STE
400
ESCONDIDO, CA 92025
☎ Phone: (760) 658-6101
Fax: (760) 658-6106
🕒 After Hours Phone: (760)
658-6101
Provider Gender: Male
NPI: 1215170717
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR

MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-TH 9AM-4:30PM
F 9AM-2PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

HINSHAW, PAUL

Provider ID: 285628
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 1955 CITRACADO PKWY
STE 302
ESCONDIDO, CA 92029
☎ Phone: (760) 233-1896
Fax: (760) 233-1899
🕒 After Hours Phone: (760)
233-1896
Provider Gender: Male
NPI: 1215170717
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT

PROVIDER
🕒 Hours: M-TH 9AM-4:30PM
F 9AM-2PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

HINSHAW, PAUL

Provider ID: 285629
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 488 E VALLEY PKWY STE
400
ESCONDIDO, CA 92025
☎ Phone: (760) 658-6101
Fax: (760) 658-6106
🕒 After Hours Phone: (760)
658-6101
Provider Gender: Male
NPI: 1215170717
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-TH 9AM-4:30PM
F 9AM-2PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network

OBSTETRICS / GYNECOLOGY

LAMALE-SMITH, LEAH

Provider ID: 285518

Board Certified Specialty: No

UCSD MEDICAL GROUP

2125 CITRACADO PKWY
STE 210

ESCONDIDO, CA 92029

Phone: (760) 739-2921

Fax: (760) 739-3162

After Hours Phone: (760)
739-2921

Provider Gender: Female

NPI: 1396904876

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, EISENHOWER MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY

BANSAL, PREETI

Provider ID: 277883

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)
755-7600

Provider Gender: Female

NPI: 1871664631

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL

HOSPITAL, TRI CITY MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max 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

RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)
755-7600

Provider Gender: Female

NPI: 1104237353

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY
 STE 200
 ESCONDIDO, CA 92029

Phone: (760) 755-7600
 Fax: (760) 755-7699

After Hours Phone: (760) 755-7600

Provider Gender: Female
 NPI: 1699216010

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

Phone: (760) 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): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

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

OPHTHALMOLOGY

MOLL, ANGELA

Provider ID: 277824

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY
 STE 200
 ESCONDIDO, CA 92029

OPHTHALMOLOGY

MOLL, ANGELA

Provider ID: 205895

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

625 CITRACADO PKWY STE 206

OPHTHALMOLOGY

MOVAGHAR, MANSOOR

Provider ID: 277833

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY
 STE 200

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

ESCONDIDO, CA 92029
☎ Phone: (760) 755-7600
Fax: (760) 755-7699
🕒 After Hours Phone: (760) 755-7600
Provider Gender: Male
NPI: 1497792220
🗉 Provider English Spoken: Y
🗉 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network, UCSD Medical Group

OPHTHALMOLOGY

OHALLORAN, HENRY
Provider ID: 277869
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
☎ Phone: (760) 755-7600
Fax: (760) 755-7699
🕒 After Hours Phone: (760)

755-7600
Provider Gender: Male
NPI: 1235287947
🗉 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max 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
IHP OF SOUTHERN CAL-PHP
📍 700 W EL NORTE PKWY
ESCONDIDO, CA 92026
☎ Phone: (800) 765-2737
Fax: (619) 291-6577
🕒 After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1932605649
🗉 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS



MEMORIAL HOSPITAL, SHARP
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
IHP OF SOUTHERN CAL-PHP
📍 700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026
☎ Phone: (760) 743-5872
Fax: (760) 743-5879
🕒 After Hours Phone: (760) 743-5872
Provider Gender: Female
NPI: 1780935650
🗉 Provider English Spoken: Y
🗉 Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

PROVIDER
 Hours: M 9AM-5PM
 TU 8:30AM-4:30PM
 W 7:30AM-4:30PM
 TH 9:30AM-5PM
 F 8:30AM-4PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP


OPTOMETRIST

AOTO, KIM
 Provider ID: 268719
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 830 W VALLEY PKWY STE
 300
 ESCONDIDO, CA 92025
 Phone: (800) 898-2020
 Fax: (844) 897-3788
 After Hours Phone: (800)
 898-2020
 Provider Gender: Female
 NPI: 1780935650
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST





KOO, ANITA
 Provider ID: 307410
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1118 W VALLEY PKWY
 ESCONDIDO, CA 92025
 Phone: (619) 425-7755
 Fax: (619) 425-2138
 After Hours Phone: (619)
 425-7755
 Provider Gender: Female
 NPI: 1669825667
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST

KOO, ANITA
 Provider ID: 307411
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 1118 W VALLEY PKWY
 ESCONDIDO, CA 92025
 Phone: (619) 425-7755
 Fax: (619) 425-2138
 After Hours Phone: (619)
 425-7755

Provider Gender: Female
 NPI: 1669825667
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OTOLARYNGOLOGY


BLISS, MORGAN
 Provider ID: 277537
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 2125 CITRACADO PKWY
 STE 200
 ESCONDIDO, CA 92029
 Phone: (760) 755-7600
 Fax: (760) 755-7699
 After Hours Phone: (760)
 755-7600
 Provider Gender: Female
 NPI: 1760707657
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


OTOLARYNGOLOGY

FRIESEN, TZYYNONG

Provider ID: 277853

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029

 Phone: (760) 755-7600
Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female
NPI: 1952740177

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


OTOLARYNGOLOGY

JIANG, WEN

Provider ID: 277860



Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029

 Phone: (760) 755-7600
Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female
NPI: 1659305753


 Provider English Spoken: Y
 Provider Language(s) Spoken: Mandarin

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

LEUIN, SHELBY


Provider ID: 206110

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 625 CITRACADO PKWY STE 206

ESCONDIDO, CA 92025

 Phone: (760) 755-7600
Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female
NPI: 1124230909


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

PATEL, VIJAY

Provider ID: 297038

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 2125 CITRACADO PKWY STE 200

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH NETWORK
📍 2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
☎ Phone: (760) 294-9260
Fax: (760) 294-9274
🕒 After Hours Phone: (760) 294-9260

Provider Gender: Male
NPI: 1760691950
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA

Provider ID: 277867
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
☎ Phone: (760) 294-9260
Fax: (760) 294-9274
🕒 After Hours Phone: (760) 294-9260
Provider Gender: Female
NPI: 1023329885

🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA

Provider ID: 205689
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025
☎ Phone: (760) 294-9260
Fax: (760) 294-9274
🕒 After Hours Phone: (760) 294-9260
Provider Gender: Female
NPI: 1023329885
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL): N
 Website: N/A
 IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI

Provider ID: 277846

Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY STE 100
 ESCONDIDO, CA 92029

Phone: (760) 294-9260
 Fax: (760) 294-9274

After Hours Phone: (760) 294-9260

Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N
 Website: N/A
 IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE

Provider ID: 206298

Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

625 CITRACADO PKWY STE 100
 ESCONDIDO, CA 92025

Phone: (760) 294-9260
 Fax: (760) 294-9274

After Hours Phone: (760) 294-9260

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA

Provider ID: 303783

Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY STE 100
 ESCONDIDO, CA 92029

Phone: (760) 739-1543
 Fax: (760) 294-9274

After Hours Phone: (760) 739-1543

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

BELLOMO, THOMAS

Provider ID: 277865

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

☎ Phone: (760) 739-1543

Fax: (760) 294-9274

🕒 After Hours Phone: (760)
739-1543

Provider Gender: Male

NPI: 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

GORHAM, LAURA

Provider ID: 277851

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

☎ Phone: (760) 739-1543

Fax: (760) 294-9274

🕒 After Hours Phone: (760)
739-1543

Provider Gender: Female

NPI: 1316162324

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
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
RADY CHILDRENS HEALTH
NETWORK

📍 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

☎ Phone: (760) 739-1543

Fax: (760) 294-9274

🕒 After Hours Phone: (760)
739-1543

Provider Gender: Male

NPI: 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: 295670


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

 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

PARKER, SHERINE

Provider ID: 277872

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029


 Phone: (760) 739-1543


Fax: (760) 294-9274

 After Hours Phone: (760)
739-1543

Provider Gender: Female

NPI: 1477626513

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: GLENDALE

ADVENTIST MED CTR,
GLENDALE MEMORIAL HOSP

AND HEALTH CTR, TRI CITY

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN


DIEGO, VALLEY CHILDRENS
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

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
RADY CHILDRENS HEALTH

NETWORK

 2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

 Phone: (760) 739-1543

Fax: (760) 294-9274

 After Hours Phone: (760)
739-1543

Provider Gender: Female

NPI: 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
RADY CHILDRENS HEALTH
NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)
739-1543

Provider Gender: Female

NPI: 1407299787

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA

Provider ID: 205812

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

625 CITRACADO PKWY STE
100

ESCONDIDO, CA 92025

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)
739-1543

Provider Gender: Female

NPI: 1083840920

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA

Provider ID: 289412

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)
739-1543

Provider Gender: Female

NPI: 1083840920

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER

Provider ID: 301643

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274



After Hours Phone: (760)
294-9260

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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


PEDIATRICS

CAMERON, MELISSA

Provider ID: 205966

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 2185 CITRACADO PKWY
 ESCONDIDO, CA 92029


 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442)
 281-2850

Provider Gender: Female

NPI: 1902983752

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
 DIEGO, PALOMAR MEDICAL
 CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
 Network


PEDIATRICS

FIGUEROA RODRIGUEZ, BRENDA


Provider ID: 306823

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 425 N DATE ST
 ESCONDIDO, CA 92025

 Phone: (833) 867-4642

Fax: (858) 633-4693

 After Hours Phone: (833)
 867-4642

Provider Gender: Female

NPI: 1134205214

 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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICAL MEDICINE / REHABILITATION


RICHARDSON, HENRY

Provider ID: 295277

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 1955 CITRACADO PKWY
 STE 203

ESCONDIDO, CA 92029

 Phone: (760) 738-5533

Fax: (909) 204-7863

 After Hours Phone: (760)
 738-5533

Provider Gender: Male

NPI: 1407052459

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

PHYSICAL MEDICINE / REHABILITATION

RYAN, KYLE

Provider ID: 275660

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

625 CITRACADO PKWY
ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)
294-9260

Provider Gender: Male

NPI: 1447645742

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICIANS ASSISTANT

CHATFIELD, ALEXANDRA

Provider ID: 276716

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

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

IHP OF SOUTHERN CAL-PHP

425 N DATE ST

ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)
520-8300

Provider Gender: Male

NPI: 1194242461

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

FUNARI, CHRISTOPHER

Provider ID: 301993

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

625 CITRACADO PKWY STE
108

ESCONDIDO, CA 92025

Phone: (760) 743-1431

Fax: (760) 743-6455

After Hours Phone: (760)
743-1431

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP OF SOUTHERN CAL-PHP




 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
Fax: (360) 462-2745
 After Hours Phone: (760)
520-8100
Provider Gender: Female
NPI: 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




MEHTA, NOOPUR





Provider ID: 297093
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
Fax: (360) 462-2745
 After Hours Phone: (760)
520-8100
Provider Gender: Female
NPI: 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: Community Care IPA LLC,
IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT




MEHTA, NOOPUR





Provider ID: 308725
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
Fax: (360) 462-2745
 After Hours Phone: (760)
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: Community Care IPA LLC,
IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT



NIAKAMAL, EVAN

Provider ID: 291250
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 425 N DATE ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8340
Fax: (858) 633-4698
 After Hours Phone: (760)
520-8340

Provider Gender: Male
NPI: 1639796873
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE

Provider ID: 302456
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
 Phone: (760) 294-9260
Fax: (760) 294-9274
 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

294-9260
Provider Gender: Female
NPI: 1205381845
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

PHYSICIANS ASSISTANT

WALSH, JOHN
Provider ID: 301971
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 625 CITRACADO PKWY STE
108
ESCONDIDO, CA 92025
 Phone: (760) 743-1431
Fax: (760) 743-6455
 After Hours Phone: (760)
743-1431
Provider Gender: Male
NPI: 1386893089
 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

WRIGHT, DEREK
Provider ID: 302390
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1955 CITRACADO PKWY
ESCONDIDO, CA 92029
 Phone: (760) 738-5533
Fax: (909) 204-7863
 After Hours Phone: (760)
738-5533
Provider Gender: Male
NPI: 1629674858

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

PODIATRIST

ALGHURAIBI, OHOUD
Provider ID: 295998

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
Fax: (360) 462-2745
 After Hours Phone: (760)
520-8100
Provider Gender: Female
NPI: 1669842357



Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP




PODIATRIST

READ, TRENTON
Provider ID: 300882
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
 Phone: (760) 480-1189
Fax: (858) 485-1515
 After Hours Phone: (760)
480-1189
Provider Gender: Male
NPI: 1952963431

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄



 Provider English Spoken: Y N
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PODIATRIST

READ, TRENTON



Provider ID: 296654
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 215 S HICKORY ST STE 118
 ESCONDIDO, CA 92025
 Phone: (760) 480-1189
 Fax: (858) 485-1515

 After Hours Phone: (760) 480-1189




Provider Gender: Male

NPI: 1952963431

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19



American Sign Language (ASL):

 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
 IHP OF SOUTHERN CAL-PHP



 425 N DATE ST
 ESCONDIDO, CA 92025
 Phone: (760) 520-8340

Fax: (858) 633-4698

 After Hours Phone: (760) 520-8340

Provider Gender: Female

NPI: 1891720611

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: German

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

ESTRADA PATINO, ANGELA

Provider ID: 296605

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
 ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (360) 462-2745

 After Hours Phone: (760) 520-8100

Provider Gender: Female

NPI: 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
IHP OF SOUTHERN CAL-PHP

 425 N DATE ST
 ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (858) 633-4698

 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

520-8340

Provider Gender: Male

NPI: 1821013228

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

TEETER-WITT, ALYSSA

Provider ID: 290891

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

425 N DATE ST

ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760) 520-8300

Provider Gender: Female

NPI: 1932308442

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

TEETER-WITT, ALYSSA

Provider ID: 290779

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

426 N DATE ST

ESCONDIDO, CA 92025

Phone: (760) 690-5900

Fax: (858) 633-4693

After Hours Phone: (760) 690-5900

Provider Gender: Female

NPI: 1932308442

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

VALLEZ-BARLAM, ANDREA

Provider ID: 290630

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

426 N DATE ST

ESCONDIDO, CA 92025

Phone: (760) 690-5900

Fax: (858) 633-4693

After Hours Phone: (760) 690-5900

Provider Gender: Female

NPI: 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

IHP OF SOUTHERN CAL-PHP

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

VAQUERO, JUANA



Provider ID: 290762
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 425 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8300
Fax: (858) 633-4698

 After Hours Phone: (760)
520-8300

Provider Gender: Female
NPI: 1023459708

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish, 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

WOODWORTH, JENNIFER

Provider ID: 290634
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 425 N DATE ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8340
Fax: (858) 633-4698

 After Hours Phone: (760)
520-8340

Provider Gender: 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 GRACE


Provider ID: 287097
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 2125 CITRACADO PKWY
STE 230
ESCONDIDO, CA 92029

 Phone: (760) 489-1458
Fax: (760) 489-1246

 After Hours Phone: (760)
489-1458

Provider Gender: Female
NPI: 1629462882


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: REDLANDS
COMMUNITY HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM


 Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

COLEMAN, LORI



Provider ID: 221090
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 2125 CITRACADO PKWY
STE 110
ESCONDIDO, CA 92029

 Phone: (760) 739-3371
Fax: (760) 739-3779

 After Hours Phone: (760)
739-3371

Provider Gender: Female
NPI: 1053348920

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
PALOMAR MEDICAL CENTER,




Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes

Min/Max Age: 19\100









American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄








 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC

RADIATION ONCOLOGY


VOLPP, PAUL
Provider ID: 221103
Board Certified Specialty: No COMMUNITY CARE IPA LLC
 2125 CITRACADO PKWY STE 110
ESCONDIDO, CA 92029
 *Phone: (760) 739-3371*
Fax: (760) 739-3779
 *After Hours Phone: (760) 739-3371*
Provider Gender: 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

RADIOLOGY DIAGNOSTIC



VAKILIAN, SIAVOSH
Provider ID: 283206
Board Certified Specialty: No COMMUNITY CARE IPA LLC
 701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
 *Phone: (619) 230-0400*
Fax: (858) 429-7936
 *After Hours Phone: (619) 230-0400*
Provider Gender: Male
NPI: 1427456151
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

MCGEE, JACQUELINE
Provider ID: 252473
Board Certified Specialty: No COMMUNITY CARE IPA LLC
 1815 E VALLEY PKWY STE 5
ESCONDIDO, CA 92027

 *Phone: (760) 233-9655*
Fax: (760) 233-9648
 *After Hours Phone: (760) 233-9655*
Provider Gender: Female
NPI: 1194217133
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 8\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 7AM-6PM*
 *Website: N/A*
IPA: Community Care IPA LLC



SPEECH PATHOLOGIST

AROCHO-SALGADO, MIRELIS
Provider ID: 296931
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 500 LA TERRAZA BLVD
STE 150
ESCONDIDO, CA 92025
 *Phone: (877) 757-8353*
Fax: (818) 357-2505
 *After Hours Phone: (877) 757-8353*
Provider Gender: Female
NPI: 1063660165
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






D. 專業提供者目錄

N




 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

CLARK, MELISSA






Provider ID: 296924
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 500 LA TERRAZA BLVD
STE 150
ESCONDIDO, CA 92025
 *Phone: (877) 757-8353*
Fax: (818) 357-2505
 *After Hours Phone: (877) 757-8353*
Provider Gender: Female
NPI: 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




DURNAN, CASSANDRA

Provider ID: 307881
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 500 LA TERRAZA BLVD
STE 150
ESCONDIDO, CA 92025
 *Phone: (877) 757-8353*
Fax: (818) 357-2505
 *After Hours Phone: (877) 757-8353*
Provider Gender: Female
NPI: 1073873501
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):

N




 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 7AM-7PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

CASILLAS BERUMEN, SERGIO
Provider ID: 304606
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1045 E PENNSYLVANIA
AVE
ESCONDIDO, CA 92025
 *Phone: (760) 884-4500*
Fax: (619) 483-3997
 *After Hours Phone: (760) 884-4500*


Provider Gender: Male
NPI: 1437470762
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

GROVE, JAY

Provider ID: 245226
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 2185 CITRACADO PKWY
ESCONDIDO, CA 92029
 *Phone: (760) 300-3647*
Fax: (760) 482-1316
 *After Hours Phone: (760) 300-3647*
Provider Gender: Male
NPI: 1912971334
 *Provider English Spoken: Y*
 *Provider Language(s)*





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

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
RADY CHILDRENS HEALTH NETWORK
 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029
 *Phone: (760) 480-8770*
Fax: (760) 480-8811
 *After Hours Phone: (760) 480-8770*
Provider Gender: Male
NPI: 1013048412
 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC








KNUTSON, THOMAS

Provider ID: 296851
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 2130 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029
 *Phone: (760) 743-4789*
Fax: (760) 743-4779
 *After Hours Phone: (760) 743-4789*
Provider Gender: Male
NPI: 1962409938
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: Community Care IPA LLC

SURGERY ORTHOPEDIC

SHARP, LORRA

Provider ID: 304761
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 2130 CITRACADO PKWY STE 220 ESCONDIDO, CA 92029
 *Phone: (760) 743-0546*
Fax: (760) 317-9769
 *After Hours Phone: (760) 743-0546*
Provider Gender: Female
NPI: 1689689176
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: POMONA VALLEY HOSP MED CTR
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SHARP, LORRA

Provider ID: 296808

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

2130 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (858) 385-1690

After Hours Phone: (760)
743-4789

Provider Gender: Female

NPI: 1689689176

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: POMONA
VALLEY HOSP MED CTR

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
RADY CHILDRENS HEALTH
NETWORK

625 CITRACADO PKWY STE
206
ESCONDIDO, CA 92025

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)
755-7600

Provider Gender: Female

NPI: 1982775144

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SHARP MARY BIRCH HOSP
FOR WOMEN AND

NEWBORNS, NATIONAL
NAVAL MED CTR, SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

FALLBROOK

CERTIFIED ACUPUNCTURIST

CRAFT, KEVIN

Provider ID: 290943

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1309 S MISSION RD
FALLBROOK, CA 92028

Phone: (760) 690-5900

Fax: (760) 731-1063

After Hours Phone: (760)
690-5900

Provider Gender: Male

NPI: 1659745610

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: TU-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE

PRACTITIONER

GUIDI, CASEY

Provider ID: 296010

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1328 S MISSION RD
FALLBROOK, CA 92028

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄







American Sign Language (ASL):  Website: N/A
 N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
 Provider ID: 298086
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 321 E ALVARADO ST FALLBROOK, CA 92028
 Phone: (760) 723-6200
 Fax: (760) 414-3892
 After Hours Phone: (760) 723-6200
 Provider Gender: Female
 NPI: 1245695006
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM

Website: N/A
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
 Provider ID: 299775
 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK
 321 E ALVARADO ST FALLBROOK, CA 92028
 Phone: (760) 723-6200
 Fax: (760) 414-3892
 After Hours Phone: (760) 723-6200
 Provider Gender: Female
 NPI: 1245695006
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR
 Medi-Cal Open Panel: No
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP,

Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER








STOJANOVSKA, JOVANA
 Provider ID: 301367
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1328 S MISSION RD FALLBROOK, CA 92028
 Phone: (760) 451-4720
 Fax: (760) 457-4700
 After Hours Phone: (760) 451-4720
 Provider Gender: Female
 NPI: 1215638499
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER





TAYLOR, CHRISTOPHER
 Provider ID: 302118
 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
Fax: (760) 414-3892
 After Hours Phone: (760)
723-6200
Provider Gender: Male
NPI: 1851747166
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-4PM
 Website: N/A
IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

TAYLOR, CHRISTOPHER
Provider ID: 299407
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
Fax: (760) 414-3892
 After Hours Phone: (760)
723-6200
Provider Gender: Male
NPI: 1851747166
 Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 5\100
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-4PM
 Website: N/A
IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network





CHIROPRACTOR

FARSHLER, ANTHONY
Provider ID: 290306
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1309 S MISSION RD
FALLBROOK, CA 92028
 Phone: (760) 690-5900
Fax: (760) 731-1063
 After Hours Phone: (760)
690-5900
Provider Gender: Male
NPI: 1841627759




 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

CHIROPRACTOR

HALVORSON, PAULA
Provider ID: 298338
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1309 S MISSION RD
FALLBROOK, CA 92028
 Phone: (760) 690-5900
Fax: (760) 731-1063
 After Hours Phone: (760)
690-5900
Provider Gender: Female
NPI: 1275542193

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: TU 8AM-5PM
TH-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

CHRISTIE, PATRICIA
Provider ID: 299526
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1328 S MISSION RD
FALLBROOK, CA 92028
 Phone: (760) 451-4720
Fax: (760) 457-4700
 After Hours Phone: (760)
451-4720

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1881625531

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

OPTOMETRIST

BULLUM, ANTHONY

Provider ID: 290329

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1328 S MISSION RD
FALLBROOK, CA 92028

☎ Phone: (760) 451-4720

Fax: (760) 457-4700

🕒 After Hours Phone: (760)
451-4720

Provider Gender: Male

NPI: 1992773956

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PEDIATRICS

ROBINSON, DAISY

Provider ID: 298311

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 321 E ALVARADO ST
FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

🕒 After Hours Phone: (760)
723-6200

Provider Gender: Female

NPI: 1659389740

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-TH 8AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PEDIATRICS

SMITH, LINDA

Provider ID: 308731

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1328 S MISSION RD

FALLBROOK, CA 92028

☎ Phone: (760) 451-4720

Fax: (760) 451-4700

🕒 After Hours Phone: (760)
451-4720

Provider Gender: Female

NPI: 1881665800

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

HEMET

PHYSICIANS ASSISTANT

SMITH, KELLI

Provider ID: 272953







Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3853 W STETSON AVE STE
200

HEMET, CA 92545

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄




 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

BORRAJERO, OBEL

Provider ID: 303242
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 949 PALM AVE
IMPERIAL BEACH, CA
91932
 Phone: (619) 429-3733
Fax: (619) 628-5550
 After Hours Phone: (619) 429-3733
Provider Gender: Male
NPI: 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
IHP OF SOUTHERN CAL-PHP
 949 PALM AVE
IMPERIAL BEACH, CA
91932
 Phone: (619) 429-3733
Fax: (619) 628-5550
 After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1174223655
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

O'CONNELL, STEFANY

Provider ID: 296845
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 949 PALM AVE
IMPERIAL BEACH, CA
91932
 Phone: (619) 429-3733
Fax: (619) 628-5550
 After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1386378479
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

THYGERSEN, ALAYSA

Provider ID: 297909
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 949 PALM AVE
IMPERIAL BEACH, CA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

SUMMERS-DAY, COURTNEY
Provider ID: 290977
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 949 PALM AVE
IMPERIAL BEACH, CA
91932
☎ Phone: (619) 429-3733
Fax: (619) 628-5550
🕒 After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1124288873
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

RYAN, DANA
Provider ID: 298099
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 949 PALM AVE
IMPERIAL BEACH, CA
91932
☎ Phone: (619) 429-3733
Fax: (619) 628-5550
🕒 After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 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
IHP OF SOUTHERN CAL-PHP
📍 600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932
☎ Phone: (619) 332-4200
Fax: (613) 332-4220
🕒 After Hours Phone: (619) 332-4200
Provider Gender: Male
NPI: 1336894724
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-TH 7AM-7PM
F 7AM-5PM
SA 8AM-1PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

JIMENEZ, ANDREA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 299890
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000
Fax: (619) 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): 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

REGISTERED PHYSICAL THERAPIST

JIMENEZ, ANDREA

Provider ID: 301973

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000

Fax: (619) 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
COMMUNITY CARE IPA LLC

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1699357525

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA

Provider ID: 305015

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y

Cultural Competency: N

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA

Provider ID: 305016

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000
Fax: (619) 332-4220

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 7AM-7PM
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NOVENCIDO, ANDREW

Provider ID: 301995

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000
Fax: (619) 332-4220

After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NOVENCIDO, ANDREW

Provider ID: 286783

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000
Fax: (619) 332-4220

After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 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
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000
Fax: (619) 332-4220

After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *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: 298365

*Board Certified Specialty: No
COMMUNITY CARE IPA LLC*

 *600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932*

 *Phone: (619) 482-3000
Fax: (619) 332-4220*

 *After Hours Phone: (619)
482-3000*

Provider Gender: Female

NPI: 1083353650

 *Provider English Spoken: Y
Cultural Competency: N*


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 7AM-7PM*

 *Website: N/A*


*IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP*


REGISTERED PHYSICAL THERAPIST

SUGGS, SARAH

Provider ID: 301429

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932*

 *Phone: (619) 482-3000
Fax: (619) 332-4220*

 *After Hours Phone: (619)
482-3000*

Provider Gender: Female

NPI: 1083353650

 *Provider English Spoken: Y
Cultural Competency: N*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 7AM-7PM*

 *Website: N/A*


*IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP*


REGISTERED PHYSICAL THERAPIST

VILLANUEVA, GIOVANNI

Provider ID: 301531

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932*

 *Phone: (619) 482-3000
Fax: (619) 332-4220*

 *After Hours Phone: (619)
482-3000*

Provider Gender: Male

NPI: 1063046878

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-TH 7AM-7PM
F 7AM-5PM*

 *Website: N/A*

IPA: IHP of Southern Cal-PHP


LA JOLLA


ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY


HONG, KIMBERLY

Provider ID: 246312

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 *9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*


 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1346515442

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


ANESTHESIOLOGY


ALEXANDER, BRENTON

Provider ID: 242302

Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR*
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*
926-8273

Provider Gender: Male

NPI: 1811366644

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


ANESTHESIOLOGY

BECERRA SONGOLO, TOSHA

Provider ID: 300067

Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR*
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1265938724


 *Provider English Spoken: Y*
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Website: N/A*

IPA: UCSD Medical Group


ANESTHESIOLOGY


BRUNO, KELLY

Provider ID: 238904

Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR*
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1891130993

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


ANESTHESIOLOGY


CURRAN, BRIAN

Provider ID: 239003

Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR*
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1710373642

 *Provider English Spoken: Y*
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

FEJLEH, ASHLEY

Provider ID: 269503

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female


NPI: 1609353465


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1831166560

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

ENCINITAS, SADDLEBACK

MEMORIAL MED CTR, UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 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
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1861556821

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Gujarati,
Hindi

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

HYLTON, DIANA



Provider ID: 241736

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1932527751

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY


MEYER, MEGAN

Provider ID: 239608

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1720473044


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY


NGUYEN, QUOC SY

Provider ID: 242189

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1871911644

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY


OKAMOTO, VINCENT

Provider ID: 245952

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952338709


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

ANESTHESIOLOGY

OSWALD, JESSICA


Provider ID: 239601
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273



Provider Gender: Female
NPI: 1427315118

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

ANESTHESIOLOGY


SHAW, SUSANNA

Provider ID: 255317
Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273



Provider Gender: Female
NPI: 1063685477

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None




American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

ANESTHESIOLOGY

SORIA, CLAIRE

Provider ID: 243295
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1447516414

 Provider English Spoken: Y



Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group



ANESTHESIOLOGY

SUYDAM, STEVEN

Provider ID: 286570
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1386856821

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1699057885

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

TSUDA, PAIGE

Provider ID: 271683

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1003261595

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

TULLY, JEFFREY

Provider ID: 283690

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1871912493

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UC DAVIS
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

TZENG, ERIC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 284578

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

📞 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1801258264

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

WANG, MICHELLE

Provider ID: 286139

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

📞 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1659802965

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

YODER, ANDREA

Provider ID: 272805

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ 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: 240871

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273
📞 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1922432475

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

ANESTHESIOLOGY CRITICAL CARE MEDICINE

KRAUSE, MARTIN

Provider ID: 280540

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417243239

Provider English Spoken: Y

Provider Language(s)
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY PAIN MANAGEMENT

CASTELLANOS, JOEL

Provider ID: 243554

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8372

Fax: (888) 539-8781

After Hours Phone: (800)
926-8372

Provider Gender: Male

NPI: 1962561571

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

MIZZELL, ANNA

Provider ID: 214021

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1851561021

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
IPA: UCSD Medical Group


CARDIOVASCULAR DISEASE


PHREANER, NICHOLAS

Provider ID: 224864
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1023373040

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A


IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

SHAPIRO, HILARY

Provider ID: 300000
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1811382815

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

ARELLANO, JACQUELINE

Provider ID: 304136
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

ARELLANO, JACQUELINE

Provider ID: 304141
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104129485

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304134

Board Certified Specialty: No
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304135

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304130

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

AGYEMANG, ALBERTA

Provider ID: 265131

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Phone: (858) 657-8000

Fax: (858) 657-8387

After Hours Phone: (858)
657-8000

Provider Gender: Female

NPI: 1023400082

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

AGYEMANG, ALBERTA

Provider ID: 265130

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE 2B

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1023400082

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

BOUTELLE, AMY

Provider ID: 243485

Board Certified Specialty: No
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1609117704

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

BRADY, KATELYN

Provider ID: 209017

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1952797540

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group



CERTIFIED NURSE PRACTITIONER

BUENROSTRO, CHRISTINA

Provider ID: 243717
Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1851749253



 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE



PRACTITIONER

CAPOZZI, JENNIFER

Provider ID: 241030
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273



Provider Gender: Female
NPI: 1336258276

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

CONNER, PAMELA

Provider ID: 299931
Board Certified Specialty: No
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1770558967

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

CONNER, PAMELA

Provider ID: 299932
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1770558967

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1609081710

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


CZYPULL, MONICA

Provider ID: 284662


Board Certified Specialty: No
UCSD MEDICAL GROUP

 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)
554-1212

Provider Gender: Female

NPI: 1831784842

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max 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

UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

 Phone: (858) 249-6800

Fax: (858) 657-6420

 After Hours Phone: (858)
249-6800

Provider Gender: Female

NPI: 1679850671

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**


DAVIES, SUMMER

Provider ID: 238922

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-7600


 After Hours Phone: (858)
657-7600

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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 JANE

Provider ID: 300052

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS 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
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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

DRISCOLL, KARRIE

Provider ID: 286376


Board Certified Specialty: No


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093


 Phone: (858) 822-6277

 Fax: (858) 228-1731

 After Hours Phone: (858) 822-6277

Provider Gender: Female

NPI: 1396085098

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


GARTH, MELISSA

Provider ID: 268991

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689232977

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


GARTH, MELISSA

Provider ID: 268992

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689232977

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


GIOVANNETTI, ERIN

Provider ID: 276002

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1013317767

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


GOMEZ, LESLIE

Provider ID: 299469

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


GOMEZ, LESLIE

Provider ID: 299470

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**

GOMEZ, LESLIE

Provider ID: 299465

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**

GOMEZ, LESLIE

Provider ID: 299464

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PRACTITIONER		
HANNA, LINDSAY Provider ID: 284967 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1699257907 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	Provider Gender: Female NPI: 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	American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
CERTIFIED NURSE PRACTITIONER	CERTIFIED NURSE PRACTITIONER	CERTIFIED NURSE PRACTITIONER
HARKNESS, RUMIKO Provider ID: 208840 Board Certified Specialty: No UCSD MEDICAL GROUP 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273	IYER, VICTORIA Provider ID: 265624 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR STE 2B LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1871738864 Provider English Spoken: Y Provider Language(s) Spoken: Tagalog Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None	JONES, CHRISTA Provider ID: 275564 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (800) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CERTIFIED NURSE PRACTITIONER

KORMANIK, PATRICIA

Provider ID: 282070

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093895047

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 301604

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

9850 GENESEE AVE STE
440

LA JOLLA, CA 92037

Phone: (858) 453-5944

Fax: (858) 429-7925

After Hours Phone: (858)
453-5944

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LEE, HEE

Provider ID: 274644

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS 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
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1457694549

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

MATTHESS, JANETTE

Provider ID: 287645

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1457694549

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

MICK, SHARON

Provider ID: 299651

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

MICK, SHARON

Provider ID: 299646

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

MICK, SHARON

Provider ID: 299645

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

926-8273
Provider Gender: Female
NPI: 1891061966
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
📞 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

MICK, SHARON
Provider ID: 299650
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1891061966
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
📞 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

MOHEBBI, ATHENA
Provider ID: 282231
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1952627176
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM
📞 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

MULVEY, CAOILFHIONN
Provider ID: 291420
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
📞 Phone: (800) 926-8372
Fax: (888) 539-8781
📞 After Hours Phone: (800)
926-8372
Provider Gender: Female
NPI: 1184386864
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
📞 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

NACOSTE, LAKEISHA
Provider ID: 272935
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3855 HEALTH SCIENCES

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

PAULSON, KERRY
Provider ID: 201269
Board Certified Specialty: No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (619) 543-3000
After Hours Phone: (619) 543-3000
Provider Gender: Female
NPI: 1518363407
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 9AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

RALEIGH, DEBORAH
Provider ID: 215016
Board Certified Specialty: No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1689006876
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

ROCHE, CHELSEA
Provider ID: 270706
Board Certified Specialty: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1063040384
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CERTIFIED NURSE PRACTITIONER

ROSSI, CATHERINE

Provider ID: 291446

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8372

Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8372

Provider Gender: Female

NPI: 1649934126

🗣 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

SRILASAK, MICHELE

Provider ID: 281855

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1265487326

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

STEVENSON, REHEIA

Provider ID: 210795

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346696044

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

TOPPEN, LAURA

Provider ID: 215476

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1326563495

🗣 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

TOPPEN, LAURA

Provider ID: 215475

Board Certified Specialty: No
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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

TREJO, ANA

Provider ID: 307671

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1033717194

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

TREJO, ANA

Provider ID: 307670

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1033717194

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

TREJO, ANA

Provider ID: 307673

Board Certified Specialty: No
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1033717194

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

TRUJILLO, DALE

Provider ID: 278428

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE 2B
LA JOLLA, CA 92037

Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1003104423

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

TUCKER, LANIKA

Provider ID: 307658

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1477325181

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

YEO, ALEXANDRIA

Provider ID: 299942

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1902368319

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

ALFONSO, ALVIN

Provider ID: 256375

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952653404

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

BAYLIS, CHRISTOPHER

Provider ID: 240764

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1174893358

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED **NURSE ANESTHETIST**

BURROWS, TERENCE

Provider ID: 256695

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1023194560

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED **NURSE ANESTHETIST**

DOLLAND, STEVEN

Provider ID: 280553

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982059044

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: KERN
MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED

NURSE ANESTHETIST

FERRITER, STACY

Provider ID: 265296

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1780725556

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED **NURSE ANESTHETIST**

GARCIA, CALVIN

Provider ID: 217366

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: 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
UCSD MEDICAL GROUP
📍 9300 CAMPUS 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
UCSD MEDICAL GROUP
📍 9300 CAMPUS 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
UCSD MEDICAL GROUP
📍 9300 CAMPUS 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
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

📍 9300 CAMPUS 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
UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1518274919

☑ Provider English Spoken: Y
☑ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GREAR MANN, MELISSA

Provider ID: 210051

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1255384475

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 210040

Board Certified Specialty: No
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

Phone: (858) 657-8745

After Hours Phone: (858)
657-8745

Provider Gender: Female

NPI: 1285667741

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TU 8AM-5PM

W 8AM-8PM

TH-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

HIRSCH, JENNIFER

Provider ID: 210057

Board Certified Specialty: No
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

Phone: (858) 657-8745

After Hours Phone: (858)
657-8745

Provider Gender: Female

NPI: 1891752069

Provider English Spoken: Y

Provider Language(s)
Spoken: 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
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 657-8745

After Hours Phone: (858)
657-8745

Provider Gender: Female

NPI: 1891752069

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max 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
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1235670977

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE








AMANN, CHRISTOPHER

Provider ID: 270914

Board Certified Specialty: No
UCSD MEDICAL GROUP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。





D. 專業提供者目錄

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 657-7000
Fax: (888) 539-8781
 After Hours Phone: (858)
657-7000
Provider Gender: Male
NPI: 1134326895
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, USC KENNETH
NORRIS JR CANCER
HOSPITAL, KECK HOSPITAL
OF USC, USC VERDUGO HILLS
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE




AUSTIN, ANDREA





Provider ID: 269292
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1811289093
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, GROSSMONT
HOSPITAL, Los Angeles
General Medical Center,
TEMECULA VALLEY HOSPITAL
INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

BAGBY, JESSICA

Provider ID: 271138
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1093161473

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

BAGBY, JESSICA

Provider ID: 271135
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
 Phone: (858) 249-6800
Fax: (858) 404-9226

 After Hours Phone: (858)
249-6800
Provider Gender: Female
NPI: 1093161473

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

BARRY, JEFFREY

Provider ID: 271131

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1801207006

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801206354

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE


BLACK, NICHOLAS

Provider ID: 284415

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1154852689

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

CASTELLANO, TIFFANY

Provider ID: 271611


Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE

CHEN, ALICE

Provider ID: 287429

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE

GALUST, HENRIK

Provider ID: 300053

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932696093


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

GOODRICH, ANDREW

Provider ID: 271625

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

STE 100
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1245688415
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

GUITTARD, JESSE

Provider ID: 239880
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (858) 657-6400
🕒 After Hours Phone: (858) 657-6400
Provider Gender: Male
NPI: 1770979890
🗣 Provider English Spoken: Y

🗣 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

HERNANDEZ, CRISTINA

Provider ID: 242545
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 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
UCSD MEDICAL GROUP
📍 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

HOGUE, BRENNIA

Provider ID: 300006
Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273


Provider Gender: Female
NPI: 1043705296

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

EMERGENCY MEDICINE

HOGUE, BRENNIA

Provider ID: 301710
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1043705296

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group


EMERGENCY MEDICINE

HORNBEAK, KIRSTEN

Provider ID: 240023
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1205214442


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

EMERGENCY MEDICINE

KRESHAK, ALLYSON

Provider ID: 257564
Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1194758219




 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *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 UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1598295925
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *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 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1598295925
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N






 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

EMERGENCY MEDICINE

LI, JINGHONG

Provider ID: 255937
Board Certified Specialty: No UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (858) 657-7125*

Fax: (858) 657-7107

 *After Hours Phone: (858) 657-7125*
Provider Gender: Female
NPI: 1619014479
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

EMERGENCY MEDICINE

LI, JINGHONG

Provider ID: 255938
Board Certified Specialty: No UCSD MEDICAL GROUP
 9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
 *Phone: (858) 657-7125*
Fax: (858) 657-7107
 *After Hours Phone: (858) 657-7125*
Provider Gender: Female
NPI: 1619014479
 *Provider English Spoken: Y*
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


EMERGENCY MEDICINE

LIOTTA, BENJAMIN

Provider ID: 283150

Board Certified Specialty: No
UCSD MEDICAL GROUP


 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037


 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1396270278

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: SHARP
CHULA VISTA MED CTR, UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE


MCDANIEL, MICHELE

Provider ID: 246900

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1366761959

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL


SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

EMERGENCY MEDICINE


NOSTE, ERIN


Provider ID: 239796

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

 Phone: (858) 249-6800

 After Hours Phone: (858)
249-6800

Provider Gender: Female

NPI: 1871732214

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

EMERGENCY MEDICINE

PARK, JAY

Provider ID: 285609

Board Certified Specialty: No
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1366478372

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 657-7000

After Hours Phone: (858)
657-7000

Provider Gender: Female

NPI: 1821487430

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

EMERGENCY MEDICINE

PARK, JAY

Provider ID: 285608

Board Certified Specialty: No
UCSD MEDICAL GROUP



9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group








EMERGENCY MEDICINE

SABHA, MAHMOUD

Provider ID: 240450
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
 Phone: (858) 249-6800
 After Hours Phone: (858)
249-6800
Provider Gender: Male
NPI: 1457747883
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: SU 8AM-8PM
M-F 8AM-5PM
SA 8AM-8PM
 Website: N/A
IPA: UCSD Medical Group


EMERGENCY MEDICINE






SELTZER, JUSTIN

Provider ID: 283135
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1447791843
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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
UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1871099333
 Provider English Spoken: Y
Cultural Competency: N
Medi-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
UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1376772905
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group

EMERGENCY MEDICINE


WINKLER, GARRET

Provider ID: 271416

Board Certified Specialty: No UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1336502095

 *Provider English Spoken: Y Cultural Competency: N*

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

EMERGENCY MEDICINE


YOU, ALAN

Provider ID: 269938

Board Certified Specialty: No UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1225425697

 *Provider English Spoken: Y Cultural Competency: N*

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


EMERGENCY MEDICINE

YOU, ALAN

Provider ID: 269937

Board Certified Specialty: No UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1225425697

 *Provider English Spoken: Y Cultural Competency: N*

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

EMERGENCY MEDICINE


YU, ELAINE


Provider ID: 299985

Board Certified Specialty: Yes UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE A

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1528564150

 *Provider English Spoken: Y Cultural Competency: N*

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE

YU, ELAINE

Provider ID: 301707

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female


NPI: 1528564150

 Provider English Spoken: Y
Cultural Competency: N

Medi-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


JUANG, PATRICIA

Provider ID: 255606

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1265695795

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES


KULASA, KRISTEN

Provider ID: 255623

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 962-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
962-8273

Provider Gender: Female

NPI: 1932324175

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES


NAGELBERG, JODI

Provider ID: 287778

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY


METABOLISM DIABETES

PETTUS, JEREMY

Provider ID: 303286

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1225234982

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY


METABOLISM DIABETES


SANTOS CAVAIOLA, TRICIA

Provider ID: 256092

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1518163799

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

FAMILY PRACTICE

CHEN, ALICE


Provider ID: 207166

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 MEDICAL CENTER
DR

LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


FAMILY PRACTICE


CHEN, ALICE

Provider ID: 207165

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093


 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


FAMILY PRACTICE


JOLICOEUR, MEGAN

Provider ID: 300056

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female


NPI: 1114366192

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

FEMALE PELVIC MED AND


RECONSTRUCTIVE SURG


LUKACZ, EMILY

Provider ID: 256953

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)
657-8745

Provider Gender: Female

NPI: 1750339446

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

FEMALE PELVIC MED AND


RECONSTRUCTIVE SURG

LUKACZ, EMILY

Provider ID: 256954

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1750339446

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


GASTROENTEROLOGY

ANAND, GOBIND

Provider ID: 272836

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (619) 543-2347

Fax: (858) 657-7259

 After Hours Phone: (619)
543-2347

Provider Gender: Male

NPI: 1861626814

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


GASTROENTEROLOGY

DAVE, SHRAVAN

Provider ID: 270448

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 925-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
925-8273

Provider Gender: Male

NPI: 1588081814

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/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

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
STE 2C

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1588081814

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY


FEJLEH, MOHAMMAD

Provider ID: 271043

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
STE 2C

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1205240959

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


GASTROENTEROLOGY

FEJLEH, MOHAMMAD

Provider ID: 271042

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1205240959

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY





THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):  9350 CAMPUS POINT DR
LA JOLLA, CA 92037
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


GASTROENTEROLOGY

HASAN, AWS

Provider ID: 299952
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273


Provider Gender: Male

NPI: 1780047597

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

HASAN, AWS

Provider ID: 299953
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1780047597

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

HOLMER, ARIELA

Provider ID: 273216
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1083032544

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


GASTROENTEROLOGY

SHAH, SHAILJA

Provider ID: 283898

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1073803243

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SHAH, SHAILJA

Provider ID: 283897

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1073803243

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

TSAI, MATTHEW

Provider ID: 252369

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1285051177

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

TSAI, MATTHEW

Provider ID: 252368

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1285051177

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

YOUSSEF, FADY

Provider ID: 300023

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1265887723

🗣 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

YOUSSEF, FADY


Provider ID: 300025

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

GYNECOLOGIC ONCOLOGY


ESKANDER, RAMEZ

Provider ID: 282165

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1144486929

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, EARL AND

LORRAINE MILLER

CHILDRENS HSP, LONG

BEACH MEMORIAL MED CTR,

Providence St Joseph Hospital,

Providence St Jude Medical

Center, ORANGE COAST MEM

MED CTR, 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
UCSD MEDICAL GROUP

 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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1245694801

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 1245694801


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY


HAMDAN, AYAD


Provider ID: 241429

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3960 HEALTH SCIENCES


DRIVE
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1144431230

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, French

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY


HEYMAN, BENJAMIN


Provider ID: 202662

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982995809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: SU-SA 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


HEMATOLOGY / ONCOLOGY


HEYMAN, BENJAMIN

Provider ID: 202664

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982995809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): **PARK, SOO**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


HEMATOLOGY / ONCOLOGY


HEYMAN, BENJAMIN

Provider ID: 202663

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982995809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY

Provider ID: 257202

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1821351198

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


HEMATOLOGY / ONCOLOGY


RICHARDSON, ANGELIQUE

Provider ID: 215010

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1700120102

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY


STEWART, TYLER

Provider ID: 243920

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1699110676

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY

VU, PETER

Provider ID: 272717

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861810830

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / PATHOLOGY


WANG, HUAN YOU

Provider ID: 247584

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1689633729

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1689633729

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


HEPATOLOGY

BARMAN, PRANAB

Provider ID: 241954

Board Certified Specialty: No
UCSD MEDICAL GROUP




 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273


 After Hours Phone: (800)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




926-8273
Provider Gender: Male
NPI: 1023301991
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group




HEPATOLOGY

BARMAN, PRANAB
Provider ID: 241952
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
STE 2C
LA JOLLA, CA 92037
 Phone: (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
UCSD MEDICAL GROUP
 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1811200652
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

HOSPITALIST MD/DO

CHILDERS, DIANA
Provider ID: 275069
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1033128376
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group


HOSPITALIST MD/DO

CHILDERS, DIANA

Provider ID: 275070

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1033128376

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


HOSPITALIST MD/DO

FIRESTEIN, CATHERINE


Provider ID: 275388

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1427348382

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


HOSPITALIST MD/DO

HAMMOND, CHARLES

Provider ID: 278589

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

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
UCSD MEDICAL GROUP

 9300 CAMPUS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

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: 300046

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 1356804926

 Provider English Spoken: Y
Cultural Competency: N

Medi-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
UCSD MEDICAL GROUP

 9300 CAMPUS 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
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

 9300 CAMPUS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (760) 471-9186

Fax: (619) 543-8255

 After Hours Phone: (760)
471-9186

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

BORDIN-WOSK, TALYA

Provider ID: 273985

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


CHENG, GEORGE

Provider ID: 247640

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1316174568

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

DJEKIC, KRISTINA

Provider ID: 286669

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1417343732

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


HOGARTH, MICHAEL

Provider ID: 214385

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1225019193

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UC DAVIS

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

IVANOV, MARGARET

Provider ID: 272876

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1326427014

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

JABBOUR, MOUSSA








Provider ID: 256658

Board Certified Specialty: No
UCSD MEDICAL GROUP





 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1255741633
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group



INTERNAL MEDICINE

KATZ, YISRAEL
Provider ID: 272937
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1730507872
 Provider English Spoken: Y
Cultural Competency: N









Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

KVIATKOVSKY, MILLA
Provider ID: 274002
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 657-7000
 After Hours Phone: (858) 657-7000
Provider Gender: Female
NPI: 1366855355
 Provider English Spoken: Y
 Provider Language(s) Spoken: Finnish, French, Hebrew, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

KVIATKOVSKY, MILLA
Provider ID: 274004
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1366855355
 Provider English Spoken: Y
 Provider Language(s) Spoken: Finnish, French, Hebrew, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

LAGO HERNANDEZ, CARLOS

Provider ID: 238623

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1558756270

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

LAGO HERNANDEZ, CARLOS

Provider ID: 238624

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1558756270

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

LAM, MICHAEL

Provider ID: 274409

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1578974259

Provider English Spoken: Y

Provider Language(s)

Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

MAJITHIA, AMIT

Provider ID: 255881

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1801091459

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


INTERNAL MEDICINE

MARTINEZ, ARMANDO

Provider ID: 291422

Board Certified Specialty: No UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR
LA JOLLA, CA 92037*

 *Phone: (800) 926-8372*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8372*

Provider Gender: Male

NPI: 1598261091

 *Provider English Spoken: Y
Cultural Competency: N*


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


INTERNAL MEDICINE

NOKES, BRANDON

Provider ID: 287581

Board Certified Specialty: No UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male

NPI: 1487040051

 *Provider English Spoken: Y
Cultural Competency: N*

*Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL
CTR*

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


INTERNAL MEDICINE

POTOK, OLIVIA

Provider ID: 272707

Board Certified Specialty: No UCSD MEDICAL GROUP

 *9350 CAMPUS POINT DR
LA JOLLA, CA 92037*

 *Phone: (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 UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR
LA JOLLA, CA 92037*

 *Phone: (619) 471-9186*

 *After Hours Phone: (619)
471-9186*

Provider Gender: Female

NPI: 1538351408

 *Provider English Spoken: Y
Cultural Competency: N*

*Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA*

JOLLA JOHN SALLY

THORNTON




Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

*American Sign Language (ASL):
N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

INTERNAL MEDICINE




SEBASKY, MEGHAN



Provider ID: 273964
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Female
NPI: 1538351408
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N




 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

INTERNAL MEDICINE

SMITH, CHELSEY




Provider ID: 239921
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
STE 2B
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
 *After Hours Phone: (800) 926-8273*

Provider Gender: Female
NPI: 1013264506
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

INTERNAL MEDICINE




TAYLOR, DAVID

Provider ID: 274470
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)*

926-8273
Provider Gender: Male
NPI: 1033572995
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

INTERNAL MEDICINE

WANG, ANGELA

Provider ID: 259536
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Female
NPI: 1730133976
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


YADLAPATI, RENA

Provider ID: 238587

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1548597784

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


YADLAPATI, RENA

Provider ID: 238586

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1548597784

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

YANG, JENNY

Provider ID: 283025

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346636453

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


ZHANG, SHERRY

Provider ID: 272658

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1588198147

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider English Spoken: Y
 Provider Language(s) Spoken: Mandarin
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE

ALOTAIBI, MONA
 Provider ID: 271480
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1174933915
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE

BOROK, ZEA
 Provider ID: 284703
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-5273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-5273
 Provider Gender: Female
 NPI: 1750317251
 Provider English Spoken: Y
 Provider Language(s) Spoken: Hebrew
 Cultural Competency: N
 Hospital Affiliation: RONALD REAGAN UCLA MED CTR, Los Angeles General Medical Center, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE

ODISH, MAZEN
 Provider ID: 271468
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Male
 NPI: 1992141428
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
IPA: UCSD Medical Group









INTERNAL MEDICINE CRITICAL CARE MEDICINE

TRAN, LINH

Provider ID: 271938
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1851682728
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERVENTIONAL CARDIOLOGY








AL KHIAMI, BELAL

Provider ID: 275993
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
 Phone: (858) 657-8530
 After Hours Phone: (858)
657-8530
Provider Gender: Male
NPI: 1861623506
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, PIONEERS MEMORIAL
HOSPITAL, EL CENTRO
REGIONAL MEDICAL CENTER,
LOMA LINDA UNIVERSITY
MED CTR MURRIETA,
TEMECULA VALLEY HOSPITAL
INC
Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP
 9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1457770240
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL, EL
CENTRO REGIONAL MEDICAL
CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

INTERVENTIONAL CARDIOLOGY

DAMANI, SAMIR

Provider ID: 303097
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

GOVEA, ALAYN

Provider ID: 300030

Board Certified Specialty: No
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1972997104

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

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: 277681

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346355161

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

ENCINITAS, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERVENTIONAL CARDIOLOGY

TAUB, PAM

Provider ID: 277682

Board Certified Specialty: No
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346355161

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

ENCINITAS, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERVENTIONAL CARDIOLOGY

WETTERSTEN, NICHOLAS

Provider ID: 210604
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037

 Phone: (858) 657-8530
Fax: (858) 657-8814

 After Hours Phone: (858)
657-8530

Provider Gender: Male
NPI: 1063701068


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


MATERNAL AND FETAL MEDICINE

BALLAS, JERASIMOS

Provider ID: 209561
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1871767384

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON, EISENHOWER
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE

EMERUWA, UKACHI

Provider ID: 300009
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1245627421

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group


MATERNAL AND FETAL MEDICINE

HULL, ANDREW

Provider ID: 209482
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)
657-8745




Provider Gender: Male
NPI: 1902862121

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

PALOMAR MEDICAL CENTER,
SCRIPPS MEMORIAL
HOSPITAL, UCSD LA JOLLA
JOHN SALLY THORNTON,
UCSD LA JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE





LAURENT, LOUISE




Provider ID: 208639
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE








MELBER, DORA

Provider ID: 240599
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
 Provider Gender: Female
 NPI: 1124413026
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Hungarian,
Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes

Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
Network, UCSD Medical Group























MATERNAL AND FETAL MEDICINE

MOORE, THOMAS

Provider ID: 208642
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 657-8745
 After Hours Phone: (858)
657-8745
 Provider Gender: Male
 NPI: 1184682379
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\None
 American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>MATERNAL AND FETAL MEDICINE</p>	<p> Website: N/A IPA: UCSD Medical Group</p>	<p> Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>
<p>WOELKERS, DOUGLAS Provider ID: 209383 Board Certified Specialty: No UCSD MEDICAL GROUP  9350 CAMPUS POINT DR LA JOLLA, CA 92037  Phone: (858) 657-7200  After Hours Phone: (858) 657-7200 Provider Gender: Male NPI: 1013965748  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 16\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM</p>	<p>MATERNAL AND FETAL MEDICINE</p> <p>WOLF, RICHARD Provider ID: 209252 Board Certified Specialty: No UCSD MEDICAL GROUP  9350 CAMPUS POINT DR LA JOLLA, CA 92037  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1497713846  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 16\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>	<p>NEONATAL / PERINATAL MEDICINE</p> <p>BAI-TONG, SHIYU Provider ID: 283287 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  9300 CAMPUS POINT DR LA JOLLA, CA 92037  Phone: (858) 249-5800  After Hours Phone: (858) 249-5800 Provider Gender: Female NPI: 1528454188  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max 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>NEONATAL / PERINATAL MEDICINE</p> <p>DELROSARIO, PAMELA</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 295001
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 249-5800
Fax: (858) 249-5839

After Hours Phone: (858) 249-5800

Provider Gender: Female
NPI: 1952691941

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max 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: 294252
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 249-5800
Fax: (858) 249-5839

After Hours Phone: (858) 249-5800

Provider Gender: Female
NPI: 1245617489

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

MARC-AURELE, KRISHELLE

Provider ID: 206207
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 249-5800
Fax: (858) 249-5839

After Hours Phone: (858) 249-5800

Provider Gender: Female
NPI: 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

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
RADY CHILDRENS HEALTH NETWORK

9888 GENESEE AVE
LA JOLLA, CA 92037

Phone: (858) 626-4123
Fax: (760) 633-7998

After Hours Phone: (858) 626-4123

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH
NETWORK

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)
249-5800

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

NEONATAL / PERINATAL MEDICINE


MATOBA, NANA

Provider ID: 297977

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 9300 CAMPUS POINT DR
STE 8

LA JOLLA, CA 92037

 Phone: (858) 657-7000

Fax: (858) 249-5839

 After Hours Phone: (858)
657-7000

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

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: Yes
RADY CHILDRENS HEALTH
NETWORK

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)
249-5800

Provider Gender: Female

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE


NYMAN, KATHERINE




Provider ID: 301824
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 9888 GENESEE AVE
 LA JOLLA, CA 92037
 Phone: (858) 626-4123
 Fax: (760) 633-7998
 After Hours Phone: (858) 626-4123
 Provider Gender: Female
 NPI: 1003260951
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max 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
 RADY CHILDRENS HEALTH NETWORK
 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
 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
 RADY CHILDRENS HEALTH NETWORK
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (858) 249-5800
 Fax: (858) 249-5839
 After Hours Phone: (858) 249-5800
 Provider Gender: Female
 NPI: 1649433103
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE


SAUER, CHARLES

Provider ID: 303908

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 9300 CAMPUS POINT DR
FL 8

LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 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
RADY CHILDRENS HEALTH NETWORK

 9888 GENESEE AVE

LA JOLLA, CA 92037

 Phone: (858) 626-4123

Fax: (760) 633-7998

 After Hours Phone: (858)
626-4123

Provider Gender: Male

NPI: 1538388988


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max 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
UCSD MEDICAL GROUP

 9300 CAMPUS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  9350 CAMPUS POINT DR
LA JOLLA, CA 92037

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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1740543784

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-8540

 After Hours Phone: (858)
657-8540

Provider Gender: Male

NPI: 1053326710

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLB

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1871884130

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

NEUROLOGY


QAYOUMI, WALI

Provider ID: 284369

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9500 GILMAN DR STE
2069

LA JOLLA, CA 92093

 Phone: (858) 822-5881

Fax: (888) 539-8781

 After Hours Phone: (858)
822-5881

Provider Gender: Male

NPI: 1093178220

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

NEUROLOGY


QAYOUMI, WALI

Provider ID: 284371

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLB

LA JOLLA, CA 92037


 Phone: (619) 284-3746

Fax: (888) 579-8781

 After Hours Phone: (619)
284-3746

Provider Gender: Male

NPI: 1093178220

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

NEUROLOGY


SCHULTE, JESSICA

Provider ID: 284819

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (858) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1467870576

 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


NUCLEAR MEDICINE

SHARIF TABRIZI, AHMAD

Provider ID: 300029

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

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
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

DELCORE, LAURA

Provider ID: 291324

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

DELCORE, LAURA

Provider ID: 291323

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y
Cultural Competency: N

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
UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1730507567

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

DRIEBE, AMY

Provider ID: 291334

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781


☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 923-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
923-8273

Provider Gender: Male

NPI: 1457662868

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

HARVEY, SCOTT

Provider ID: 278918

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1457662868

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

HOANG, MAI

Provider ID: 208295

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

LA JOLLA, CA 92037
☎ Phone: (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
UCSD MEDICAL GROUP
📍 9444 MEDICAL CENTER DR LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1972047397
☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

KLEIN, DAVID

Provider ID: 271559
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780073635
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY

THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

KLEIN, DAVID

Provider ID: 271558
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1780073635
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

LAMALE-SMITH, LEAH

Provider ID: 286230

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1396904876

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, EISENHOWER MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


MACKAY, GILLIAN


Provider ID: 200964

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

MACKAY, GILLIAN

Provider ID: 303062

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


MEADOWS, AUDRA

Provider ID: 285740

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1467585521

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

MEADOWS, AUDRA

Provider ID: 285739

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-8745

Fax: (888) 539-8781

 After Hours Phone: (858)
657-8745

Provider Gender: Female

NPI: 1467585521

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

MELLENDEZ, ARIANA

Provider ID: 299920

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1295232973


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

PICKETT, CHARLOTTE

Provider ID: 299977

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

PICKETT, CHARLOTTE

Provider ID: 299976

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):
N








 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄








PROVIDER
 Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY



RIVAS, RENEE
Provider ID: 284297
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1295263861
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group





OBSTETRICS / GYNECOLOGY

RIVAS, RENEE
Provider ID: 284295
Board Certified Specialty: No






UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1295263861
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

RIVAS, RENEE
Provider ID: 284296
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9333 GENESEE AVE STE
340
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1295263861
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group




OBSTETRICS / GYNECOLOGY

SUYAMA, JULIE
Provider ID: 284289
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1306372800
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1689013468

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CEDARS
SINAI MEDICAL CENTER,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR




Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

THOMSON, SAMANTHA




Provider ID: 285173
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1689013468

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CEDARS
SINAI MEDICAL CENTER,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL

CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST


AMARAL, MARGARET

Provider ID: 258303
Board Certified Specialty: No
UCSD MEDICAL GROUP




 9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
 Phone: (858) 657-6879
Fax: (858) 657-6873

 After Hours Phone: (858)
657-6879

Provider Gender: Female
NPI: 1689874521

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST

COLLINS, RESENIA

Provider ID: 258356
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
 Phone: (858) 657-6879
Fax: (858) 657-6873




 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

MUNCADA, CAESAR

Provider ID: 288724
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1790268100

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OCCUPATIONAL THERAPIST

SMITH, EMILY

Provider ID: 258537

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855) 543-0333

Provider Gender: Female

NPI: 1417337403

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST


SOROKIN, LISA

Provider ID: 258362

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD

LA JOLLA, CA 92037

 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858) 657-6879

Provider Gender: Female

NPI: 1336445063

Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OPHTHALMOLOGY

BAXTER, SALLY

Provider ID: 272787

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (888) 539-8781

 After Hours Phone: (858) 534-6290

Provider Gender: Female




NPI: 1912325184

Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。





D. 專業提供者目錄




Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 7AM-5PM
SA 7:45AM-2PM
 Website: N/A
IPA: UCSD Medical Group

OPHTHALMOLOGY

BEAZER, ALEX

Provider ID: 272802
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9415 CAMPUS POINT DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 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


MOVAGHAR, MANSOOR

Provider ID: 215055
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9415 CAMPUS POINT DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1497792220
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open 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
UCSD MEDICAL GROUP
 9415 CAMPUS POINT DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1427102979
 Provider English Spoken: Y
 Provider Language(s)
Spoken: French, German,
Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
MEMORIAL HOSPITAL, SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 305303
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
9834 GENESEE AVE STE 200
LA JOLLA, CA 92037
Phone: (858) 457-3050
Fax: (858) 457-0851
After Hours Phone: (858) 457-3050
Provider Gender: Female
NPI: 1629509336
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

SCHONBACH, ETIENNE
Provider ID: 284432
Board Certified Specialty: No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1073040580
Provider English Spoken: Y
Provider Language(s) 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
IHP OF SOUTHERN CAL-PHP
9834 GENESEE AVE STE 200
LA JOLLA, CA 92037
Phone: (858) 457-3050
Fax: (858) 457-0851
After Hours Phone: (858) 457-3050
Provider Gender: Female
NPI: 1932605649
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

OPHTHALMOLOGY

SHEILS, CATHERINE
Provider ID: 299935
Board Certified Specialty: No
UCSD MEDICAL GROUP
9300 CAMPUS 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, 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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD Medical Group

OPHTHALMOLOGY

SHEILS, CATHERINE

Provider ID: 299937

Board Certified Specialty: No
UCSD MEDICAL GROUP

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group

OPHTHALMOLOGY

SONG, DELU

Provider ID: 284425

Board Certified Specialty: No
UCSD MEDICAL GROUP

9415 CAMPUS POINT DR

LA JOLLA, CA 92093

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437689536

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group

OPHTHALMOLOGY

TOPILOW, NICOLE

Provider ID: 284348

Board Certified Specialty: No
UCSD MEDICAL GROUP

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1215468376

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

AOTO, KIM

Provider ID: 296798

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

9850 GENESEE AVE STE
310

LA JOLLA, CA 92037

Phone: (800) 898-2020
Fax: (844) 897-3788

After Hours Phone: (800)
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M 9AM-5PM TU 8:30AM-4:30PM W 7:30AM-4:15PM TH 9:30AM-5PM F 8:30AM-4PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p> Website: N/A</p> <p>IPA: Community Care IPA LLC</p>	<p>926-8273</p> <p>Provider Gender: Female</p> <p>NPI: 1861164642</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>
OPTOMETRIST		
<p>HOO, PAMELA</p> <p>Provider ID: 269621</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> Phone: (858) 534-6290</p> <p>Fax: (858) 822-4438</p> <p> After Hours Phone: (858) 534-6290</p> <p>Provider Gender: Female</p> <p>NPI: 1275566010</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p>	<p> 9350 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>NPI: 1861164642</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p>KIM, PHILIP</p> <p>Provider ID: 287909</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> Phone: (800) 926-8372</p> <p>Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8372</p> <p>Provider Gender: Male</p> <p>NPI: 1376929034</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>
OPTOMETRIST		
<p>JOMOC, CAITLIN</p> <p>Provider ID: 299915</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p>	<p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p>	<p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

OPTOMETRIST

MCCLEAN, ESMERALDA

Provider ID: 269907

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 534-8293

After Hours Phone: (858)
534-6290

Provider Gender: Female

NPI: 1962817981

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

OPTOMETRIST

VO, ANDREW

Provider ID: 304148

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

VO, ANDREW

Provider ID: 201311

Board Certified Specialty: No

UCSD MEDICAL GROUP

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (858) 534-6290

After Hours Phone: (858)
534-6290

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

YU, CAROL

Provider ID: 301681

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N




























Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>OPTOMETRIST</p> <p>YU, CAROL Provider ID: 301682 Board Certified Specialty: No UCSD MEDICAL GROUP  9350 CAMPUS POINT DR LA JOLLA, CA 92037  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1639697451  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: UCSD Medical Group</p>	<p>926-8273 Provider Gender: Female NPI: 1639697451  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</p>	<p>Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group</p>
<p>OPTOMETRIST</p> <p>YU, CAROL Provider ID: 258078 Board Certified Specialty: No UCSD MEDICAL GROUP  9415 CAMPUS POINT DR LA JOLLA, CA 92093  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800)</p>	<p>OTOLARYNGOLOGY</p> <p>BRUMUND, KEVIN Provider ID: 299637 Board Certified Specialty: No UCSD MEDICAL GROUP  9300 CAMPUS 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</p>	<p>OTOLARYNGOLOGY</p> <p>BRUMUND, KEVIN Provider ID: 299633 Board Certified Specialty: No UCSD MEDICAL GROUP  9400 CAMPUS POINT DR LA JOLLA, CA 92093  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 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</p> <p>OTOLARYNGOLOGY</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

BRUMUND, KEVIN

Provider ID: 299636

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033193669

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

CALIFANO, JOSEPH

Provider ID: 299463

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1881652972

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

CALIFANO, JOSEPH

Provider ID: 299460

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
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
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1881652972

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal 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
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (858) 822-6197

Fax: (858) 822-6198

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ *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
UCSD MEDICAL GROUP

📍 *9300 CAMPUS POINT DR*
LA JOLLA, CA 92037

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1932297330

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY

COFFEY, CHARLES

Provider ID: 299581

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 *9350 CAMPUS POINT DR*
LA JOLLA, CA 92037

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1932297330

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY

COFFEY, CHARLES

Provider ID: 299580

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 *9400 CAMPUS POINT DR*
LA JOLLA, CA 92093

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1932297330

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY

COFFEY, CHARLES

Provider ID: 299584

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 *3855 HEALTH SCIENCES DR*
LA JOLLA, CA 92093

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*



Provider Gender: Male

NPI: 1932297330

☑ *Provider English Spoken: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY




DECONDE, ADAM

Provider ID: 299570
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1588988919
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER


 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

DECONDE, ADAM


Provider ID: 299565
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 657-8590
 After Hours Phone: (858)
657-8590

Provider Gender: Male
NPI: 1588988919

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

DECONDE, ADAM


Provider ID: 299566
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 1588988919

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None




American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A
IPA: UCSD Medical Group


OTOLARYNGOLOGY

DECONDE, ADAM

Provider ID: 299564
Board Certified Specialty: No
UCSD MEDICAL GROUP
 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
 Phone: (858) 657-8590
 After Hours Phone: (858)
657-8590

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): UCSD LA JOLLA JOHN SALLY
N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


OTOLARYNGOLOGY

FRIEDMAN, RICK

Provider ID: 299534

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 *9300 CAMPUS 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*

 *Provider Language(s)
Spoken: Spanish*

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,*

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD LA JOLLA JOHN SALLY
N

 *Accessibility: CONTACT
PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY

FRIEDMAN, RICK

Provider ID: 299529

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 *9350 CAMPUS POINT DR
LA JOLLA, CA 92037*


 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male

NPI: 1982708558

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

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
UCSD MEDICAL GROUP*

 *9400 CAMPUS POINT DR
LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male

NPI: 1982708558

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER
 🌐 Website: N/A
 🏠 IPA: UCSD Medical Group

OTOLARYNGOLOGY

FRIEDMAN, RICK
 Provider ID: 299533
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 📍 3855 HEALTH SCIENCES DR
 LA JOLLA, CA 92093
 📞 Phone: (800) 926-8273
 Fax: (888) 539-8781
 🕒 After Hours Phone: (800) 926-8273
 Provider Gender: Male
 NPI: 1982708558

☑ Provider English Spoken: Y
 ☑ Provider Language(s) Spoken: Spanish
 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

GILANI, SAPIDEH
 Provider ID: 299562
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 📍 3855 HEALTH SCIENCES DR
 LA JOLLA, CA 92093

📞 Phone: (800) 926-8273
 Fax: (888) 539-8781
 🕒 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1003825571
 ☑ Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER
 🌐 Website: N/A
 🏠 IPA: UCSD Medical Group

OTOLARYNGOLOGY

GILANI, SAPIDEH
 Provider ID: 299563
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 📍 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 📞 Phone: (800) 926-8273
 Fax: (888) 539-8781
 🕒 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1003825571
 ☑ Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A
IPA: UCSD Medical Group


OTOLARYNGOLOGY

GILANI, SAPIDEH

Provider ID: 299558

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1003825571

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A
IPA: UCSD Medical Group


OTOLARYNGOLOGY

GILANI, SAPIDEH

Provider ID: 299557

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1003825571

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
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
UCSD MEDICAL GROUP


 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273


Provider Gender: Female
NPI: 1144583931

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY


GREENE, JACQUELINE

Provider ID: 272958

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
STE LLA

LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1144583931

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

GREENE, JACQUELINE

Provider ID: 298395

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female


NPI: 1144583931

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY


GREENE, JACQUELINE

Provider ID: 298394

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

HARRIS, JEFFREY

Provider ID: 299578

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

HARRIS, JEFFREY

Provider ID: 299574

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

OTOLARYNGOLOGY

HARRIS, JEFFREY

Provider ID: 299573

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

HARRIS, JEFFREY

Provider ID: 299577

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

HOM, DAVID

Provider ID: 299513

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

HOM, DAVID

Provider ID: 299512

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

OTOLARYNGOLOGY

HOM, DAVID
Provider ID: 299516
Board Certified Specialty: No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

HOM, DAVID
Provider ID: 299517
Board Certified Specialty: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273

Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

HUSSEMAN, JACOB
Provider ID: 301051
Board Certified Specialty: No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1124034053
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

KARI, ELINA
Provider ID: 294828
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (858) 857-8590
After Hours Phone: (858) 857-8590
Provider Gender: Female
NPI: 1780860536
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299444

Board Certified Specialty: No UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY


KARI, ELINA

Provider ID: 299447

Board Certified Specialty: No UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299448

Board Certified Specialty: No UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y Cultural Competency: N


Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network, UCSD Medical Group

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299442

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 857-8590

After Hours Phone: (858)
857-8590

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS
ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

OTOLARYNGOLOGY

MAGIT, ANTHONY

Provider ID: 299484

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1891858379

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

OTOLARYNGOLOGY

MAGIT, ANTHONY

Provider ID: 299479

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1891858379

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

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
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1891858379

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY


MAGIT, ANTHONY

Provider ID: 299483

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


OTOLARYNGOLOGY

MATSUOKA, AKIHIRO

Provider ID: 299594

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

MATSUOKA, AKIHIRO

Provider ID: 299589

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

MATSUOKA, AKIHIRO

Provider ID: 299588

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

OTOLARYNGOLOGY

MATSUOKA, AKIHIRO

Provider ID: 299593

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

9300 CAMPUS 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
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 657-8590

After Hours Phone: (858)
657-8590

Provider Gender: Female

NPI: 1477524452

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

NGUYEN, QUYEN

Provider ID: 299605

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

OTOLARYNGOLOGY	
<p>NGUYEN, QUYEN <i>Provider ID: 299608</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP</p> <p> 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093  <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: 1477524452</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p> 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093  <i>Phone: (858) 822-6197</i>  <i>After Hours Phone: (858) 822-6197</i> <i>Provider Gender: Male</i> <i>NPI: 1346506920</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>
OTOLARYNGOLOGY	
<p>VAHABZADEH-HAGH, ANDREW <i>Provider ID: 299504</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP</p>	<p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037  <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i>  <i>After Hours Phone: (800) 926-8273</i></p>
OTOLARYNGOLOGY	
<p>VAHABZADEH-HAGH, ANDREW <i>Provider ID: 299506</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP</p> <p> 9350 CAMPUS POINT DR LA JOLLA, CA 92037  <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i>  <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Male</i> <i>NPI: 1346506920</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i></p>	<p><i>926-8273</i> <i>Provider Gender: Male</i> <i>NPI: 1346506920</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: UCSD Medical Group


OTOLARYNGOLOGY



VAHABZADEH-HAGH, ANDREW

Provider ID: 299505
Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9400 CAMPUS POINT DR LA JOLLA, CA 92093*
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*

Provider Gender: Male
NPI: 1346506920

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD

MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: UCSD Medical Group


OTOLARYNGOLOGY

WATSON, DEBORAH



Provider ID: 299644
Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*

Provider Gender: Female
NPI: 1346270816

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: UCSD Medical Group


OTOLARYNGOLOGY

WATSON, DEBORAH




Provider ID: 299638
Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9350 CAMPUS POINT DR LA JOLLA, CA 92037*
 *Phone: (858) 657-8590*
Fax: (858) 657-8682
 *After Hours Phone: (858) 657-8590*

Provider Gender: Female
NPI: 1346270816

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP

 *9400 CAMPUS POINT DR LA JOLLA, CA 92093*
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1346270816

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

WEISSBROD, PHILIP

Provider ID: 299612
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
☎ Phone: (858) 657-8590

🕒 After Hours Phone: (858)
657-8590

Provider Gender: Male
NPI: 1366590853

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1366590853

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

WEISSBROD, PHILIP

Provider ID: 299611
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (858) 657-8590

🕒 After Hours Phone: (858)
657-8590

Provider Gender: Male
NPI: 1366590853

☐ Provider English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

WEISSBROD, PHILIP

Provider ID: 299613

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY


YAN, CAROL

Provider ID: 298415

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: Stanford
Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

YAN, CAROL

Provider ID: 298416

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: Stanford
Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

YAN, CAROL

Provider ID: 242138

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLA

LA JOLLA, CA 92037

Phone: (858) 657-8590

After Hours Phone: (858)
657-8590

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

YAN, CAROL

Provider ID: 298411

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford
Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

FADARE, OLUWOLE

Provider ID: 275706

Board Certified Specialty: No
UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1619955804

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

HANSEN, LAWRENCE

Provider ID: 275768

Board Certified Specialty: No
UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1760407498

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

PARAST, MANA

Provider ID: 275889

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1629163100

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY ANATOMIC

PATEL, CHARMI

Provider ID: 259112

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1730389362

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Gujarati, Hindi

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY ANATOMIC

WONG, RICHARD

Provider ID: 275815

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1275084295

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1043571045

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

CLINICAL


AISAGBONHI, OMONIGHO

Provider ID: 201304

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1043571045

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN

HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

CLINICAL


ALLEN, ELIZABETH

Provider ID: 275757

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1174814065

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

UCSD MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

CLINICAL

BROOME, HELEN

Provider ID: 275722


Board Certified Specialty: No

UCSD MEDICAL GROUP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




 9444 MEDICAL CENTER DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
 926-8273
 Provider Gender: Female
 NPI: 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

PATHOLOGY ANATOMIC CLINICAL

BUI, JACK

Provider ID: 275746
 Board Certified Specialty: No
 UCSD MEDICAL GROUP




 9444 MEDICAL CENTER DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
 926-8273
 Provider Gender: Male

NPI: 1942529821
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group


PATHOLOGY ANATOMIC CLINICAL




DON, MICHELLE

Provider ID: 247149
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (858) 249-4410
 After Hours Phone: (858)
 249-4410

Provider Gender: Female
 NPI: 1205288396



 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group


PATHOLOGY ANATOMIC CLINICAL



DON, MICHELLE

Provider ID: 275816
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 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








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL

ELKIND, JAE

Provider ID: 284903
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1922497700
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL



HU, JINGJING

Provider ID: 243965

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273


Provider Gender: Female
NPI: 1538574744

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese

Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group



PATHOLOGY ANATOMIC CLINICAL

HU, JINGJING

Provider ID: 243966
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273


Provider Gender: Female
NPI: 1538574744

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese

Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1295912657




 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N





 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL







SHABAIK, AHMED
Provider ID: 275782
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1679521579
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL

VAVINSKAYA, VERA
Provider ID: 275840
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1174757181
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL

ZARE, SOMAYE
Provider ID: 275814
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1700334802
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1700334802

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL

ZHANG, HAIYAN

Provider ID: 203176

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1457617110

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL

ZHANG, HAIYAN

Provider ID: 275841

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1457617110

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1174679849

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, EL CENTRO REGIONAL
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY CLINICAL

LE DZUNG, THE

Provider ID: 275733

Board Certified Specialty: No
UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1750734893

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
UCSD MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

ALBRIGHT, KELSEY

Provider ID: 284764

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1235653148

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

ALLERS, JENNA

Provider ID: 301037

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1730605486

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SALINAS
VALLEY MEMORIAL HOSP

Medi-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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1871859421

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407212376

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


CHERRY, REENA


Provider ID: 243349

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689729683

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

CHERRY, REENA

Provider ID: 269494

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

 9300 CAMPUS 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
UCSD MEDICAL GROUP

 9300 CAMPUS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

DEMASCO, MICHAEL

Provider ID: 278969

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1467926295

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


DEMOOR, PATRICIA

Provider ID: 212879

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1477721702

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/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: 247205

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8939 VILLA LA JOLLA DR
STE 110
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1225698962

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HIGGINS, JOSHUA


Provider ID: 287135

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HIGGINS, JOSHUA

Provider ID: 287136

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


HUNTER, JACOB

Provider ID: 298431

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y
Cultural Competency: N

Medi-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
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

 Phone: (800) 826-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

826-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

HUNTER, JACOB

Provider ID: 298432

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HUNTER, JACOB

Provider ID: 287450

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1114459765

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HUNTER, JACOB

Provider ID: 298429

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1114459765

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

LIN, JOYCE

Provider ID: 265147

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (858) 554-1212

After Hours Phone: (858)
554-1212

Provider Gender: Female

NPI: 1427681022

Provider English Spoken: Y

Provider Language(s)
Spoken: Taiwanese

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

LIN, JOYCE

Provider ID: 265146

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 888-9268
Fax: (888) 539-8781

After Hours Phone: (800)
888-9268

Provider Gender: Female

NPI: 1427681022

Provider English Spoken: Y

Provider Language(s)
Spoken: Taiwanese

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

LUONG, TRAN



Provider ID: 279014
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1821532292

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

LUONG, TRAN



Provider ID: 279015
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR

LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781


 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1821532292

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

MARTIN, HALEY


Provider ID: 305025
Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093
 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1093440836

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

MARTIN, HALEY

Provider ID: 305024
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1093440836

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

MARTIN, HALEY

Provider ID: 305027
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

PHYSICIANS ASSISTANT

MCADAMS, JOSEPH
Provider ID: 280612
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1104371251
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

MERRILL, COREY
Provider ID: 258039
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1386032308
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

OKADA, MICHELLE


Provider ID: 278017
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497129860
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Japanese
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

OKADA, MICHELLE
Provider ID: 278016
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 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: 293442

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8276
Fax: (888) 539-8784

 After Hours Phone: (800)
926-8276

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


PELIO, DARREN

Provider ID: 293440

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (858) 822-7967

Fax: (858) 822-6395

 After Hours Phone: (858)
822-7967

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT


PERREAU, MARK

Provider ID: 283583

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1356749451


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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


PERREAU, MARK

Provider ID: 283584

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1356749451

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT


ROBERTS, AUDREY

Provider ID: 253254

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (619) 543-5540

 After Hours Phone: (619)
543-5540

Provider Gender: Female

NPI: 1265960256

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT


ROBERTS, AUDREY

Provider ID: 253255

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (858) 657-7876

 After Hours Phone: (858)
657-7876

Provider Gender: Female

NPI: 1265960256

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


SAIKHON, TALIA

Provider ID: 293439

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1699263905

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-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
UCSD MEDICAL GROUP

 8939 VILLA LA JOLLA DR
STE 110
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1184135006

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 247976

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

SCHWARTZEL, KEVIN

Provider ID: 214276

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1104277847


 Provider English Spoken: Y
Cultural Competency: N


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

Board Certified Specialty: No
UCSD MEDICAL GROUP

 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
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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: 305010

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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: 299602

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1083823322

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WAHLIN, TAMARA

Provider ID: 299596

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1083823322

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WAHLIN, TAMARA

Provider ID: 299601

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1083823322

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WEIR, JACQUELINE

Provider ID: 278202

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (800) 539-8781



After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932494499




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄



 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
UCSD MEDICAL GROUP
 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1760739049

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

PSYCHOLOGIST


BOOTH, CHRISTOPHER







Provider ID: 209117
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1568893162

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PSYCHOLOGIST




BOOTH, CHRISTOPHER

Provider ID: 209118
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1568893162
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PSYCHOLOGIST

BOUTELLE, KERRI

Provider ID: 302876
Board Certified Specialty: No
UCSD MEDICAL GROUP
 3344 N TORREY PINES CT
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1780620906

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

BOUTELLE, KERRI


Provider ID: 240034

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST


BOUTELLE, KERRI


Provider ID: 258988

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C212

LA JOLLA, CA 92037

 Phone: (858) 246-1654

 After Hours Phone: (858)
246-1654

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST

CHESHER, NICHOLAS

Provider ID: 273812

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124539697

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST


CRANDAL, BRENT

Provider ID: 291463

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372

Provider Gender: Male

NPI: 1588739452

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST


DUARTE, KRISTEN

Provider ID: 255479

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST


DUARTE, KRISTEN

Provider ID: 255480

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1861043366

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA


PSYCHOLOGIST

EICHEN, DAWN

Provider ID: 302888

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3344 N TORREY PINES CT
LA JOLLA, CA 92037




 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 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
UCSD MEDICAL GROUP

 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

Provider ID: 208260

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1013483635

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/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

UCSD MEDICAL GROUP

 8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1487026415

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST

MAGINOT-CHESSER, TAMARA


Provider ID: 273224

Board Certified Specialty: No
UCSD MEDICAL GROUP

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group



PSYCHOLOGIST




MENDEZ, ANDRES

Provider ID: 279058
Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
 STE C101
 LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)*
926-8273

Provider Gender: Male
NPI: 1841482692


 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group


PSYCHOLOGIST



PELHAM, WILLIAM

Provider ID: 307681
Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
 STE C101
 LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
 *After Hours Phone: (800)*
926-8273



Provider Gender: Male
NPI: 1306629399


 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER
 *Website: N/A*
IPA: UCSD Medical Group

PSYCHOLOGIST

REED, KRISTIE

Provider ID: 291395
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8950 VILLA LA JOLLA DR
 STE C212
 LA JOLLA, CA 92037
 *Phone: (800) 926-8372*
Fax: (888) 539-8781
 *After Hours Phone: (800)*
926-8372
Provider Gender: Female
NPI: 1679869556

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Website: N/A*
IPA: UCSD Medical Group

PSYCHOLOGIST

REED, KRISTIE

Provider ID: 302867
Board Certified Specialty: No
UCSD MEDICAL GROUP

 3344 N TORREY PINES CT
 LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)*
926-8273

Provider Gender: Female
NPI: 1679869556

 *Provider English Spoken: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


PSYCHOLOGIST

TARLE, STEPHANIE

Provider ID: 303116

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1659920403

 *Provider English Spoken: Y*
Cultural Competency: N

Medi-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
UCSD MEDICAL GROUP*

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1497139059

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N


*Hospital Affiliation: UCSD
MEDICAL CTR*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


PULMONARY DISEASES

BAILEY, JACOB

Provider ID: 299925

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*


Fax: (888) 539-8781

 *After Hours Phone: (800)*

926-8273

Provider Gender: Male

NPI: 1598150039


 *Provider English Spoken: Y*
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


PULMONARY DISEASES


JOSHUA, JISHA

Provider ID: 238060

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1023436417

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Hindi, Malayalam*

Cultural Competency: N

*Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL
CTR*

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。







D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

PULMONARY DISEASES

MCGUIRE, WILLIAM

Provider ID: 299987
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1841684081
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SHARP
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
UCSD MEDICAL GROUP
 9300 CAMPUS 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
UCSD MEDICAL GROUP
 9300 CAMPUS 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
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

BRANCH, CODY

Provider ID: 283676
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1851770622
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

CARSWELL, AIMEE


Provider ID: 303056

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CHENG, KAREN

Provider ID: 283227

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1427430511

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

FAZELI, SOUDABEH

Provider ID: 299993

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1639553613

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

FORCIER, NANCY

Provider ID: 286955

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1497721724

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

Providence Mission Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC


FOWLER, KATHRYN

Provider ID: 201290

Board Certified Specialty: No UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1255457941

 *Provider English Spoken: Y Cultural Competency: N*

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, 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*

PROVIDER

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

GRISSOM, MURRAY

Provider ID: 271568

Board Certified Specialty: No UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1720465396

 *Provider English Spoken: Y Cultural Competency: N*

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, Stanford Health

Care, STANFORD HEALTH


CARE TRI-VALLEY


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY

Provider ID: 282790

Board Certified Specialty: No UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*


Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1992120026

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Khmer, Spanish*

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1598967812
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC







HORKY, LAURA

Provider ID: 241855
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1598967812
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC









JAFFRAY, PAUL

Provider ID: 299959
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1275700999
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Los Angeles General Medical Center
Medi-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
UCSD MEDICAL GROUP
 9300 CAMPUS 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
THORNTON, PROVIDENCE
LITTLE CO OF MARY MED CTR
TORRANCE, PROVIDENCE
LITTLE CO OF MARY MED CTR
SAN PEDRO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADIOLOGY DIAGNOSTIC

KHURANA, AMAN

Provider ID: 307767

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1427496710

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

KONDILI, DHIMITER

Provider ID: 283144

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

MARKS, ROBERT

Provider ID: 300066

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: ST MARY
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

RITCHIE, DAVID

Provider ID: 300033

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SADAT, SAYED

Provider ID: 299967

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)

926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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: 240343

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

SEARLEMAN, ADAM

Provider ID: 299950

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1134570641

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

SLATER, JERRY

Provider ID: 283311

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1851746382

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, LOMA LINDA


UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

SPENGLER, NATHAN

Provider ID: 303050

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1992919666

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone:* (800) 926-8273

 *After Hours Phone:* (800)
926-8273

Provider Gender: Male

NPI: 1386987261

 *Provider English Spoken:* Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility:* CONTACT
PROVIDER

 *Hours:* M-F 8AM-5PM

 *Website:* N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

TADROS, ANTHONY

Provider ID: 268545

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037



 *Phone:* (800) 926-8273

Fax: (888) 539-8781

 *After Hours Phone:* (800)
926-8273

Provider Gender: Male

NPI: 1306112057

 *Provider English Spoken:* Y
 *Provider Language(s)*
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility:* CONTACT
PROVIDER

 *Hours:* M-F 8AM-5PM

 *Website:* N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

THOMPSON, COLE

Provider ID: 299990

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS 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
UCSD MEDICAL GROUP

 9300 CAMPUS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


VAHDAT, NOUSHIN


Provider ID: 300069

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1396700852

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


YORK, VINCENT

Provider ID: 283518

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1790146611

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


ZAPALA, MATTHEW


Provider ID: 307677

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION

Medi-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


SIEVERING, DENISE

Provider ID: 268249

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1356478929

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


REGISTERED PHYSICAL THERAPIST

BERGERON, PATRICK




Provider ID: 206533
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1285061390

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

BERGERON, PATRICK


Provider ID: 258296
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD




LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1285061390

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781



 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1780018416

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD

MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group



REGISTERED PHYSICAL THERAPIST

CHIEN, PEI

Provider ID: 214699
Board Certified Specialty: No
UCSD MEDICAL GROUP



 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1891260238

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

REGISTERED PHYSICAL THERAPIST

CHIEN, PEI

Provider ID: 258324

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1891260238

Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689321416

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

MAROLLA, ALICE

Provider ID: 241145

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1477018729

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

RUDD, CHRISTOPHER

Provider ID: 207559

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1831539337

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

RUDD, CHRISTOPHER

Provider ID: 258372
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
 Phone: (855) 543-0333
Fax: (858) 657-6873

 After Hours Phone: (855)
543-0333

Provider Gender: Male

NPI: 1831539337

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1386964997

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

TRIMM, CASSIDY

Provider ID: 258442
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855)
543-0333

Provider Gender: Male

NPI: 1740708478

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST


TRIMM, CASSIDY

Provider ID: 258443
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037


 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855)
543-0333

Provider Gender: Male

NPI: 1740708478

 Provider English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


REGISTERED PHYSICAL THERAPIST


VASQUEZ, BENJAMIN

Provider ID: 200968

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
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): IPA: UCSD Medical Group
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST


VASQUEZ, BENJAMIN

Provider ID: 258480

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD

LA JOLLA, CA 92037


 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)
657-6879

Provider Gender: Male

NPI: 1568938413

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

REGISTERED PHYSICAL THERAPIST


WILLIAMS, STACY

Provider ID: 258496

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
STE LLD

LA JOLLA, CA 92037

 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)
657-6879

Provider Gender: Female

NPI: 1689962169

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

YU, AUDRINE

Provider ID: 258481

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLD

LA JOLLA, CA 92037

Phone: (858) 657-6879

Fax: (858) 657-6873

After Hours Phone: (858)
657-6879

Provider Gender: Female

NPI: 1639271208

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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: 288939

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1164979837

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SPEECH PATHOLOGIST

SCHIEDERMAYER, BENJAMIN

Provider ID: 288938

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1164979837

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SPEECH PATHOLOGIST

UNGER, LINDSEY

Provider ID: 265338

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1972936813

Provider English Spoken: Y
Provider Language(s)

Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY COLON SURGERY

LIU, SHANGLEI

Provider ID: 273364

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: 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: 286388
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
☎ Phone: (858) 822-6100
🕒 After Hours Phone: (858) 822-6100
Provider Gender: Female
NPI: 1518163005
🗣 Provider English Spoken: Y

Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY COLON SURGERY

PARRY, LISA
Provider ID: 278551
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1235369067
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY COLON SURGERY

RAMAMOORTHY, SONIA
Provider ID: 286371
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1801812656
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY CRITICAL CARE

ADAMS, LAURA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 284408

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144616541

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY CRITICAL CARE

POTENZA, BRUCE

Provider ID: 277299

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (619) 543-7200

After Hours Phone: (619)
543-7200

Provider Gender: Male

NPI: 1548281496

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY CRITICAL CARE

VENTRO, GEORGE

Provider ID: 284419

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1548604648

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

AL-NOURI, OMAR

Provider ID: 211904

Board Certified Specialty: No
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1770742264

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

AL-NOURI, OMAR

Provider ID: 211905
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1770742264
🗨 Provider English Spoken: Y
🗨 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

ARMANI, AVA

Provider ID: 282142
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
☎ Phone: (858) 822-6100
🕒 After Hours Phone: (858)
822-6100
Provider Gender: Female
NPI: 1861759383
🗨 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF
MEDICAL CENTER, UCSF
Medical Center At Mission Bay,
UCSF MEDICAL CENTER AT
MOUNT ZION, UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

CLARY, BRYAN

Provider ID: 202568
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1982787131
🗨 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

HORGAN, SANTIAGO

Provider ID: 286380
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL


JACOBSEN, GARTH


Provider ID: 201728

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (619) 471-0755

 After Hours Phone: (619)
471-0755

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL


SANTORELLI, JARRETT

Provider ID: 272304

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

VASCULAR


BARLEBEN, ANDREW


Provider ID: 275371

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1497936900

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

VASCULAR

BARLEBEN, ANDREW

Provider ID: 275373

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

FL 1
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1497936900
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL VASCULAR

GAFFEY, ANN
Provider ID: 287012
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female

NPI: 1316232010
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL VASCULAR

HOWE, STEVEN
Provider ID: 206760
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
☎ Phone: (858) 657-7777
Fax: (858) 657-5058
🕒 After Hours Phone: (858) 657-7777
Provider Gender: Male
NPI: 1497702740
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max 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
UCSD MEDICAL GROUP
📍 9300 CAMPUS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SURGERY HAND ORTHOPEDIC

STEPHENSON, SAMUEL

Provider ID: 284936

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1578058665

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY NEUROLOGICAL

BARBA, DAVID

Provider ID: 275678

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE 2A

LA JOLLA, CA 92037

Phone: (619) 543-5540

Fax: (619) 287-7663

After Hours Phone: (619)
543-5540

Provider Gender: Male

NPI: 1093730251

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY NEUROLOGICAL

BEAUMONT, THOMAS

Provider ID: 214126

Board Certified Specialty: No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

Phone: (858) 657-8540

After Hours Phone: (858)
657-8540

Provider Gender: Male

NPI: 1497067573

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY NEUROLOGICAL

BEN-HAIM, SHARONA

Provider ID: 244070

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1942469663

Provider English Spoken: Y

Provider Language(s)

Spoken: Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL

BLASKIEWICZ, DONALD

Provider ID: 270282

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1215176839

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL


MARSHALL, LAWRENCE

Provider ID: 244149

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9350 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s)
Spoken: German, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL

MURTHY, NIKHIL

Provider ID: 299994

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1710371273

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL

MURTHY, NIKHIL

Provider ID: 299995

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (619) 543-5540

Fax: (888) 539-8781

 After Hours Phone: (619)
543-5540

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
IPA: UCSD Medical Group


SURGERY NEUROLOGICAL


OSORIO, JOSEPH

Provider ID: 242005

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY NEUROLOGICAL


OSORIO, JOSEPH


Provider ID: 242006

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL


PHAM, MARTIN

Provider ID: 244159

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL


U, HOI

Provider ID: 244133

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

ANDRY, JAMES

Provider ID: 302085
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 9834 GENESEE AVE STE 228
LA JOLLA, CA 92037
☎ Phone: (858) 455-9942
Fax: (858) 455-6473
🕒 After Hours Phone: (858) 455-9942
Provider Gender: Male
NPI: 1679726103
📄 Provider English Spoken: Y
📄 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): 🗣 N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

BUKATA, SUSAN

Provider ID: 277947
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9400 CAMPUS POINT DR LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1932140639
📄 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): 🗣 N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

CHIARAPPA, FRANK

Provider ID: 244460
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9400 CAMPUS POINT DR LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1932536828
📄 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): 🗣 N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

CHOI, JIHOON

Provider ID: 284787
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1285097741
📄 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

CHOI, JIHOON

Provider ID: 284786

Board Certified Specialty: No UCSD MEDICAL GROUP

 *9400 CAMPUS POINT DR LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

Fax: (888) 539-8181

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1285097741

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC


FLINT, JAMES

Provider ID: 203177

Board Certified Specialty: No UCSD MEDICAL GROUP

 *9400 CAMPUS POINT DR LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 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 UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*


Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1730542747

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: German, Spanish*

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

GOEB, YANNICK

Provider ID: 284792

Board Certified Specialty: No UCSD MEDICAL GROUP

 *9400 CAMPUS POINT DR LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP

📍 9834 GENESEE AVE STE 228

LA JOLLA, CA 92037

☎ Phone: (858) 455-9942

Fax: (858) 455-6473

☎ After Hours Phone: (858) 455-9942

Provider Gender: Male

NPI: 1396185161

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, TRI CITY MEDICAL

CTR, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

PALLIA, CHRISTOPHER

Provider ID: 302103

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 9834 GENESEE AVE STE 228

LA JOLLA, CA 92037

☎ Phone: (858) 455-9942

Fax: (858) 455-6473

☎ After Hours Phone: (858)

455-9942

Provider Gender: Male

NPI: 1497751457

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

SULLIVAN, THOMAS

Provider ID: 285246

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437565488

☐ Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

SULLIVAN, THOMAS

Provider ID: 285245

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY PLASTIC

HINCHCLIFF, KATHARINE

Provider ID: 277289

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346674561

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group


SURGERY PLASTIC


REID, CHRISTOPHER

Provider ID: 224796

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group


SURGERY THORACIC

BOYS, JOSHUA

Provider ID: 243533

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-7777






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *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

KEARNS, MARK

Provider ID: 274296
Board Certified Specialty: No
UCSD MEDICAL GROUP
 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*
 *Phone: (858) 657-8817*
Fax: (888) 539-8781
 *After Hours Phone: (858) 657-8817*
Provider Gender: Male
NPI: 1033683719
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: French*
Cultural Competency: N

Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

SURGERY THORACIC






KEARNS, MARK

Provider ID: 274297
Board Certified Specialty: No
UCSD MEDICAL GROUP
 *9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037*
 *Phone: (858) 647-8817*
Fax: (858) 853-9878
 *After Hours Phone: (858) 647-8817*
Provider Gender: Male
NPI: 1033683719
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: French*
Cultural Competency: N
Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group


SURGERY THORACIC

POLLEMA, TRAVIS

Provider ID: 210576
Board Certified Specialty: No
UCSD MEDICAL GROUP
 *9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037*
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1871752956
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY THORACIC


RAMIREZ, ALFREDO


Provider ID: 256390

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1003829417

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:


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: 291382

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1780940031


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


SURGERY THORACIC

ZANDER, ASHLEY

Provider ID: 291381

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1780940031

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


SURGERY THORACIC

ZANDER, ASHLEY

Provider ID: 291383

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1780940031

 Provider English Spoken: Y
Cultural Competency: N

Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (858) 657-7876

Fax: (888) 539-8781

After Hours Phone: (858)
657-7876

Provider Gender: Male

NPI: 1902814379

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (858) 249-3534

After Hours Phone: (858)
249-3534

Provider Gender: Male

NPI: 1073758652

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

UROLOGY

KATZ, JONATHAN

Provider ID: 299917

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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
PURUSHOTHAM AND AKTHER
KOTHA MD INC

8860 CENTER DR STE 400
LA MESA, CA 91942

Phone: (619) 229-1995

Fax: (619) 229-1109

After Hours Phone: (619)
229-1995

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 5565 GROSSMONT
CENTER DR STE 202
LA MESA, CA 91942

 Phone: (619) 461-6130

Fax: (619) 461-3108

 After Hours Phone: (619)
461-6130

Provider Gender: Male

NPI: 1710996384

Provider English Spoken: Y

Provider Language(s)

Spoken: Kannada, Spanish,
Telugu

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

CARDIOVASCULAR DISEASE


SHEREV, DIMITRI

Provider ID: 290704

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 8851 CENTER DR STE 304
LA MESA, CA 91942

 Phone: (619) 867-0557

Fax: (619) 867-0558

 After Hours Phone: (619)
867-0557

Provider Gender: Male

NPI: 1154323996

Provider English Spoken: Y

Provider Language(s)

Spoken: Bulgarian, Russian,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL,
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

IHP OF SOUTHERN CAL-PHP

 8851 CENTER DR STE 501
LA MESA, CA 91942

 Phone: (619) 697-2456

Fax: (858) 429-7930

 After Hours Phone: (619)
697-2456

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


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


RESELLI, LYNDSEY

Provider ID: 217692

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)
464-6434

Provider Gender: Female


NPI: 1558854000

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER


RESELLI, LYNDSEY


Provider ID: 217693

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8881 FLETCHER PKWY STE
205

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)
464-6434

Provider Gender: Female

NPI: 1558854000

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


EMERGENCY MEDICINE


BELLOMO, THOMAS

Provider ID: 205600

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

 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

QUINONES-PEREZ, BIANCA









Provider ID: 206948

Board Certified Specialty: No
RADY CHILDRENS HEALTH

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

NETWORK







 5565 GROSSMONT
CENTER DR STE 2 STE 2
LA MESA, CA 91942
 Phone: (619) 713-5375
Fax: (619) 713-5379
 After Hours Phone: (619)
713-5375
Provider Gender: Female
NPI: 1124360565
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 Website: N/A
IPA: Rady Childrens Health
Network

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE





Provider ID: 268693
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 5565 GROSSMONT

CENTER DR

LA MESA, CA 91942
 Phone: (619) 589-5414
Fax: (619) 589-7391
 After Hours Phone: (619)
589-5414
Provider Gender: Female
NPI: 1063558856
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY






TAGHIZADEH, BEHZAD

Provider ID: 269161
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 8851 CENTER DR STE 405
LA MESA, CA 91942
 Phone: (619) 582-2404
Fax: (619) 582-2915
 After Hours Phone: (619)
582-2404
Provider Gender: Male
NPI: 1275514986
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:

GROSSMONT HOSPITAL,
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
COMMUNITY CARE IPA LLC
 8851 CENTER DR STE 405
LA MESA, CA 91942
 Phone: (619) 582-2404
Fax: (619) 582-2915
 After Hours Phone: (619)
582-2404
Provider Gender: Male
NPI: 1477680551
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
ALVARADO HOSPITAL LLC,
USC Arcadia Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。







D. 專業提供者目錄

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC



 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network








MATERNAL AND FETAL MEDICINE

ADAMI, REBECCA
 Provider ID: 272676
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 5555 GROSSMONT CENTER DR
 LA MESA, CA 91942
 Phone: (858) 966-6710
 Fax: (858) 966-6711
 After Hours Phone: (858) 966-6710
 Provider Gender: Female
 NPI: 1992149447
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

MATERNAL AND FETAL MEDICINE


MCCULLOUGH, DEIRDRE
 Provider ID: 244873
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 5555 GROSSMONT CENTER DR
 LA MESA, CA 91942
 Phone: (858) 966-6710
 Fax: (858) 966-6711
 After Hours Phone: (858) 966-6710
 Provider Gender: Female
 NPI: 1639153018
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

MATERNAL AND FETAL MEDICINE

MELBER, DORA
 Provider ID: 296997
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 8851 CENTER DR STE 201
 LA MESA, CA 91942
 Phone: (858) 966-6710
 Fax: (858) 966-6711
 After Hours Phone: (858) 966-6710
 Provider Gender: Female
 NPI: 1124413026
 Provider English Spoken: Y
 Provider Language(s) Spoken: Hungarian, Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA


Provider ID: 294656
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8851 CENTER DR STE 201
LA MESA, CA 91942

 Phone: (858) 966-6710
Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female
NPI: 1801207634


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA


Provider ID: 294654
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 5555 GROSSMONT
CENTER DR
LA MESA, CA 91942

 Phone: (858) 966-6710
Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710


Provider Gender: Female
NPI: 1801207634

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


MATERNAL AND FETAL MEDICINE

RICHARDSON, ALVIE

Provider ID: 277317
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

NETWORK

 5555 GROSSMONT
CENTER DR
LA MESA, CA 91942

 Phone: (858) 966-6710
Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Male
NPI: 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: 277305
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 5555 GROSSMONT
CENTER DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

LA MESA, CA 91942
☎ Phone: (858) 966-6710
Fax: (858) 966-6711
🕒 After Hours Phone: (858) 966-6710
Provider Gender: Male
NPI: 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

RADY CHILDRENS HEALTH NETWORK
📄 5555 GROSSMONT CENTER DR
LA MESA, CA 91942
☎ Phone: (858) 966-6710
Fax: (858) 966-6711
🕒 After Hours Phone: (858) 966-6710
Provider Gender: Female
NPI: 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

NEUROLOGY

MOHAMMAD, AHMAD SHAH
Provider ID: 39868
Board Certified Specialty: No
EAST COUNTY NEUROLOGY ASSOCIATES INC
📄 8851 CENTER DR STE 307
LA MESA, CA 91942
☎ Phone: (619) 337-7900
Fax: (619) 337-7902
🕒 After Hours Phone: (619) 337-7900
Provider Gender: Male
NPI: 1902973472
📄 Provider English Spoken: Y
📄 Provider Language(s) Spoken: Arabic, Farsi, French, German, Pashto, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

OPHTHALMOLOGY	
HAIGHT, BRUCE Provider ID: 305885 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 5565 GROSSMONT CENTER DR BLDG 3 STE 551 LA MESA, CA 91942 Phone: (619) 465-2020 Fax: (619) 698-1189 After Hours Phone: (619) 465-2020 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	COMMUNITY CARE IPA LLC 7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: (619) 722-8460 Provider Gender: 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: 288660 Board Certified Specialty: No	COMMUNITY CARE IPA LLC Provider Gender: Male NPI: 1427029628 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: GROSSMONT HOSPITAL
HAIGHT, BRUCE Provider ID: 295984 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 5565 GROSSMONT CENTER DR STE 2-3 LA MESA, CA 91942 Phone: (619) 465-2020 Fax: (619) 698-1189 After Hours Phone: (619) 465-2020	OPHTHALMOLOGY HAIGHT, BRUCE Provider ID: 269112 Board Certified Specialty: No COMMUNITY CARE IPA LLC 5565 GROSSMONT CENTER DR BLDG 3 STE 551 LA MESA, CA 91942 Phone: (619) 465-2020 Fax: (619) 698-1189 After Hours Phone: (619) 465-2020 Provider Gender: Male NPI: 1427029628 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: GROSSMONT HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M 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

HOSPITAL, SCRIPPS
 MEMORIAL HOSPITAL, Sharp
 Grossmont Hospital
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP,
 UCSD Medical Group

HOSPITAL, SCRIPPS
 MEMORIAL HOSPITAL, Sharp
 Grossmont Hospital
 Medi-Cal Open Panel: Yes
 Min/Max Age: 6\99
 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

HUDSON, HENRY

Provider ID: 297577
 Board Certified Specialty: Yes
 IHP OF SOUTHERN CAL-PHP
 5565 GROSSMONT
 CENTER DR STE 551
 LA MESA, CA 91942
 Phone: (626) 206-0633
 Fax: (760) 267-9160
 After Hours Phone: (626)
 206-0633
 Provider Gender: Male
 NPI: 1851349195
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL, TRI
 CITY MEDICAL CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY

OPHTHALMOLOGY

HUDSON, HENRY

Provider ID: 306768
 Board Certified Specialty: Yes
 UCSD MEDICAL GROUP
 5565 GROSSMONT
 CENTER DR STE 551
 LA MESA, CA 91942
 Phone: (626) 206-0633
 Fax: (760) 267-9160
 After Hours Phone: (626)
 206-0633
 Provider Gender: Male
 NPI: 1851349195
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL, TRI
 CITY MEDICAL CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY

OPHTHALMOLOGY

HUDSON, HENRY

Provider ID: 297578
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7339 EL CAJON BLVD STE
 J AND K
 LA MESA, CA 91942
 Phone: (626) 412-4040
 Fax: (760) 267-9160
 After Hours Phone: (626)
 412-4040
 Provider Gender: Male
 NPI: 1851349195
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL, TRI
 CITY MEDICAL CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, Sharp
Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-4:30PM

 Website: N/A


IPA: IHP of Southern Cal-PHP,
UCSD Medical Group


OPTOMETRIST

AOTO, KIM

Provider ID: 288652

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 7339 EL CAJON BLVD STE
J AND K
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)
722-8460

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

OTOLARYNGOLOGY


MOSHTAGHI, OMID

Provider ID: 302380

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT
CENTER DR BLDG 3 STE
101

LA MESA, CA 91942

 Phone: (619) 464-3353

Fax: (619) 464-6720

 After Hours Phone: (619)
464-3353

Provider Gender: Male

NPI: 1730675927

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, Sharp
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

OTOLARYNGOLOGY


SAEZ, NEIL

Provider ID: 302431

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT
CENTER DR BLDG 3 STE
101

LA MESA, CA 91942

 Phone: (619) 464-3353

Fax: (619) 464-6720

 After Hours Phone: (619)
464-3353

Provider Gender: Male

NPI: 1518456508

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
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 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PEDIATRIC EMERGENCY

MEDICINE


GROSS, MATTHEW


Provider ID: 297177

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 5565 GROSSMONT CENTER DR STE 2 STE 2 LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE

PARKER, SHERINE


Provider ID: 205786

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 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

 Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: GLENDALE ADVENTIST MED CTR,

GLENDALE MEMORIAL HOSP

AND HEALTH CTR, TRI CITY

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN


DIEGO, VALLEY CHILDRENS

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE


VARGAS, JACLYN

Provider ID: 285936

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 5555 GROSSMONT CENTER DR LA MESA, CA 91942

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN


DIEGO, Los Angeles General

Medical Center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRICS

CLAY, CORRIE

Provider ID: 278807

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ Phone: (619) 464-6434
Fax: (619) 464-5109

🕒 After Hours Phone: (619) 464-6434

Provider Gender: Female
NPI: 1437207750

🗨 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

🌐 Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

PHYSICIANS ASSISTANT

FERRARA, SAMANTHA

Provider ID: 306005

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 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
COMMUNITY CARE IPA LLC

📍 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
COMMUNITY CARE IPA LLC

📍 8851 CENTER DR STE 505
LA MESA, CA 91942

☎ Phone: (619) 461-3880
Fax: (619) 461-3895

🕒 After Hours Phone: (619)
461-3880

Provider Gender: Male
NPI: 1164729125

🗨 Provider English Spoken: Y
Provider Language(s)
Spoken: French, Haitian
Creole

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

WHITE, KYLE

Provider ID: 302382

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 5565 GROSSMONT
CENTER DR BLDG 3 STE
101

LA MESA, CA 91942

☎ Phone: (619) 464-3353

Fax: (619) 464-7509

🕒 After Hours Phone: (619)
464-3353

Provider Gender: Male

NPI: 1922768860

🗉 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

303-7130

Provider Gender: Male

NPI: 1396230298

🗉 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

303-7130

Provider Gender: Male

NPI: 1396230298

🗉 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

PODIATRIST

CAINE, SAMUEL

Provider ID: 308213

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

☎ Phone: (619) 303-7130

Fax: (619) 303-7150

🕒 After Hours Phone: (619)

PODIATRIST

CAINE, SAMUEL

Provider ID: 308638

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

☎ Phone: (619) 303-7130

Fax: (619) 303-7150

🕒 After Hours Phone: (619)

RADIATION ONCOLOGY

CARMONA, RUBEN

Provider ID: 303099

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 5555 GROSSMONT
CENTER DR
LA MESA, CA 91942




☎ Phone: (619) 740-4500

Fax: (619) 740-8499

🕒 After Hours Phone: (619)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

740-4500
Provider Gender: Male
NPI: 1275929242
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp
Grossmont Hospital, SHARP
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

COLEMAN, LORI

Provider ID: 221089
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 5555 GROSSMONT
CENTER DR
LA MESA, CA 91942
 Phone: (619) 740-4500
Fax: (619) 740-8499
 After Hours Phone: (619)
740-4500
Provider Gender: Female
NPI: 1053348920
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
PALOMAR MEDICAL CENTER,
Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY




VOLPP, PAUL

Provider ID: 221104
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 5555 GROSSMONT
CENTER DR
LA MESA, CA 91942
 Phone: (619) 740-4500
Fax: (619) 740-8499
 After Hours Phone: (619)
740-4500
Provider Gender: Male
NPI: 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





RHEUMATOLOGY

KOTHA, ROSHAN

Provider ID: 63454
Board Certified Specialty: No
PURUSHOTHAM AND AKTHER
KOTHA MD INC
 8860 CENTER DR STE 400
LA MESA, CA 91942
 Phone: (619) 229-1995
Fax: (619) 229-1109
 After Hours Phone: (619)
229-1995
Provider Gender: Female
NPI: 1417117839
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Hindi, Spanish,
Telugu
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

American Sign Language (ASL):  Hours: M-F 9AM-5PM
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
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD
 8860 CENTER DR STE 350
LA MESA, CA 91942
 Phone: (619) 286-9480
Fax: (619) 286-4568
 After Hours Phone: (619)
286-9480
Provider Gender: Female
NPI: 1841447950
 Provider English Spoken: Y
 Provider Language(s)
Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: 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

LAKE ELSINORE

OBSTETRICS / GYNECOLOGY





FRANCIS, LARRY



Provider ID: 290293
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 30195 FRASER DR
LAKE ELSINORE, CA 92530
 Phone: (951) 252-2720
Fax: (760) 414-3892
 After Hours Phone: (951)
252-2720
Provider Gender: 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
IHP OF SOUTHERN CAL-PHP
 30195 FRASER DR
LAKE ELSINORE, CA 92530
 Phone: (951) 252-2720
Fax: (760) 414-3892
 After Hours Phone: (951)
252-2720
Provider Gender: Female
NPI: 1336589332
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
CALIFORNIA PACIFIC
MEDICAL CENTER - D P APH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

MORA, WENDY

Provider ID: 290239

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 30195 FRASER DR
 LAKE ELSINORE, CA 92530
 Phone: (951) 252-2720
 Fax: (760) 414-3892

After Hours Phone: (951)
 252-2720

Provider Gender: Female

NPI: 1376958389

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
 PROVIDER

Website: N/A

IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST

TAM, EMILY

Provider ID: 290319

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

30195 FRASER DR
 LAKE ELSINORE, CA 92530
 Phone: (951) 252-2720
 Fax: (760) 414-3892

After Hours Phone: (951)
 252-2720

Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y N

Provider Language(s)
 Spoken: Chinese, Mandarin,
 Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
 PROVIDER

Website: N/A

IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

LAKESIDE

CHIROPRACTOR

HOURIHAN, KEITH

Provider ID: 257549

Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

10039 VINE ST
 LAKESIDE, CA 92040

Phone: (619) 390-9975
 Fax: (858) 633-4690

After Hours Phone: (619)
 390-9975

Provider Gender: Male

NPI: 1306916994

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT
 PROVIDER

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
COMMUNITY CARE IPA LLC

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: No

Min/Max Age: 0\None

American Sign 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 10039 VINE ST
LAKESIDE, CA 92040
☎ Phone: (619) 390-9975
☎ Fax: (360) 462-2744

🕒 After Hours Phone: (619)
390-9975

Provider Gender: Male

NPI: 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

GUNPAT, JOSHUA

Provider ID: 308229

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 10039 VINE ST
LAKESIDE, CA 92040
☎ Phone: (619) 390-9975
☎ Fax: (360) 462-2744

🕒 After Hours Phone: (619)
390-9975

Provider Gender: Male

NPI: 1114458775

🗣 *Provider English Spoken: Y*

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 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

BRUNETTO, HEIDI

Provider ID: 290407

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 10039 VINE ST
LAKESIDE, CA 92040
☎ Phone: (619) 390-9975
☎ Fax: (360) 462-2744

🕒 After Hours Phone: (619)
390-9975

Provider Gender: 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

LOS ANGELES

PSYCHOLOGIST

CALANDRA, JOAN

Provider ID: 289989

Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

📍 11911 SAN VICENTE BLVD
STE 280
LOS ANGELES, CA 90049
☎ Phone: (310) 433-7723

🕒 After Hours Phone: (310)
433-7723

Provider Gender: Female

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

CERTIFIED NURSE PRACTITIONER

VAHDAT, VALERIE



Provider ID: 306581

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 26926 CHERRY HILLS
BLVD STE B
MENIFEE, CA 92586

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Phone: (951) 216-2200
 Fax: (858) 633-4699

 After Hours Phone: (951) 216-2200

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


PHYSICIANS ASSISTANT


SMITH, KELLI

Provider ID: 272954

Board Certified Specialty: No
UCSD MEDICAL GROUP

 30420 HAUN RD
MENIFEE, CA 92584

 Phone: (951) 676-4193

 After Hours Phone: (951) 676-4193

Provider Gender: Female

NPI: 1841771664

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

MORENO VALLEY


OPTOMETRIST


BULLUM, ANTHONY

Provider ID: 290330

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 22675 ALESSANDRO BLVD
MORENO VALLEY, CA
92553

 Phone: (951) 571-2350

 Fax: (951) 571-2370

 After Hours Phone: (951) 571-2350

Provider Gender: Male

NPI: 1992773956

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

MURRIETA


ANESTHESIOLOGY

HYLTON, DIANA


Provider ID: 241738

Board Certified Specialty: No

UCSD MEDICAL GROUP

 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,


SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

KRAUSE, MARTIN

Provider ID: 287655


Board Certified Specialty: No
UCSD MEDICAL GROUP

 25500 MEDICAL CENTER
DR

MURRIETA, CA 92562


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

 Phone: (951) 696-6000
Fax: (951) 677-9757

 After Hours Phone: (951) 696-6000

Provider Gender: Male
NPI: 1417243239

 Provider English Spoken: Y


 Provider Language(s)
Spoken: German

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


CARDIAC ELECTROPHYSIOLOGY

HAN, FREDERICK

Provider ID: 210100

Board Certified Specialty: No
UCSD MEDICAL GROUP

 41011 CALIFORNIA OAKS
RD STE 104
MURRIETA, CA 92562

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1427255967


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

HEAD, KRISTIN

Provider ID: 268658

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE STE 1
MURRIETA, CA 92562

 Phone: (951) 600-1640
Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Female
NPI: 1699078923

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network


CERTIFIED NURSE PRACTITIONER

MIRACLE, ANGELYN

Provider ID: 300259


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE STE
200
MURRIETA, CA 92562

 Phone: (951) 461-9300
Fax: (951) 461-9399

 After Hours Phone: (951)
461-9300

Provider Gender: Female
NPI: 1144539842

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: No
Min/Max Age: 0\19


American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Hours: SU 8:30AM-OPM
M-F 8AM-5PM
SA 8:30AM-OPM


 Website: N/A
IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

SNYDER, MICHELLE


Provider ID: 210676
Board Certified Specialty: No
UCSD MEDICAL GROUP

 41011 CALIFORNIA OAKS
RD STE 104
MURRIETA, CA 92562

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273


Provider Gender: Female
NPI: 1851561054

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
IPA: UCSD Medical Group

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A


IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

STEVENSON, REHEIA


Provider ID: 210794
Board Certified Specialty: No
UCSD MEDICAL GROUP

 41011 CALIFORNIA OAKS
RD STE 104
MURRIETA, CA 92562

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273


Provider Gender: Female
NPI: 1346696044

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


SYED-UDDIN, SUMIYAH

Provider ID: 297771
Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK


 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562

 Phone: (951) 696-6124
Fax: (951) 696-6293

 After Hours Phone: (951)
696-6124

Provider Gender: Female
NPI: 1225606478

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: Rady Childrens Health
Network

EMERGENCY MEDICINE

LI, JINGHONG

Provider ID: 255941
Board Certified Specialty: No
UCSD MEDICAL GROUP

 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562

 Phone: (951) 696-6000

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ *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

UCSD MEDICAL GROUP

📍 *41011 CALIFORNIA OAKS*

RD STE 104

MURRIETA, CA 92562

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1093791014

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

IPA: UCSD Medical Group

INTERNAL MEDICINE

CRITICAL CARE MEDICINE

CHEN, KENNETH

Provider ID: 283132

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 *25500 MEDICAL CENTER*

DR

MURRIETA, CA 92562

☎ *Phone: (951) 696-6000*

Fax: (951) 677-9757

☎ *After Hours Phone: (951) 696-6000*

Provider Gender: Male

NPI: 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

UCSD MEDICAL GROUP

📍 *25500 MEDICAL CENTER*

DR

MURRIETA, CA 92562

☎ *Phone: (951) 696-6000*

Fax: (951) 677-9757

☎ *After Hours Phone: (951) 696-6000*

Provider Gender: Male

NPI: 1245672302

☑ *Provider English 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group








INTERNAL MEDICINE CRITICAL CARE MEDICINE

TRAN, LINH

Provider ID: 202659
Board Certified Specialty: No
UCSD MEDICAL GROUP
 25500 MEDICAL CENTER DR
MURRIETA, CA 92562
 *Phone: (951) 696-6000*
 *After Hours Phone: (951) 696-6000*
Provider Gender: Female
NPI: 1851682728
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group









INTERNAL MEDICINE CRITICAL CARE MEDICINE

TRAN, LINH

Provider ID: 210573
Board Certified Specialty: No
UCSD MEDICAL GROUP
 41011 CALIFORNIA OAKS RD STE 104
MURRIETA, CA 92562
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Female
NPI: 1851682728
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

INTERVENTIONAL CARDIOLOGY

AL KHIAMI, BELAL

Provider ID: 275994
Board Certified Specialty: No
UCSD MEDICAL GROUP
 28062 BAXTER RD
MURRIETA, CA 92563
 *Phone: (951) 290-4000*
Fax: (888) 539-8781
 *After Hours Phone: (951) 290-4000*
Provider Gender: Male
NPI: 1861623506
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Arabic*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

WETTERSTEN, NICHOLAS

Provider ID: 210605

Board Certified Specialty: No
UCSD MEDICAL GROUP

41011 CALIFORNIA OAKS
RD STE 104
MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1063701068

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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

DR

MURRIETA, CA 92562

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)
Spoken: Hungarian,
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

MATERNAL AND FETAL MEDICINE

MELBER, DORA

Provider ID: 296988

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

MATERNAL AND FETAL MEDICINE

MELBER, DORA

Provider ID: 296992

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25500 MEDICAL CENTER

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA

Provider ID: 294649

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE FL 1

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MURRIETA, CA 92562
☎ Phone: (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
RADY CHILDRENS HEALTH NETWORK
📍 25500 MEDICAL CENTER DR
MURRIETA, CA 92562
☎ Phone: (858) 966-6710
Fax: (858) 966-6711
🕒 After Hours Phone: (858) 966-6710

Provider Gender: Female
NPI: 1801207634
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE
Provider ID: 301820
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 25500 MEDICAL CENTER DR
MURRIETA, CA 92562
☎ Phone: (951) 696-6000
Fax: (951) 696-6105
🕒 After Hours Phone: (951) 696-6000
Provider Gender: Female
NPI: 1003260951
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max 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
RADY CHILDRENS HEALTH NETWORK
📍 25500 MEDICAL CENTER DR
MURRIETA, CA 92562
☎ Phone: (951) 696-6000
Fax: (951) 696-6105
🕒 After Hours Phone: (951) 696-6000
Provider Gender: Female
NPI: 1053541862
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: Rady Childrens Health
Network, UCSD Medical Group


NEONATAL / PERINATAL MEDICINE

WEST, JULIE

Provider ID: 297071


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562

 Phone: (951) 696-6000
Fax: (951) 696-6105

 After Hours Phone: (951)
696-6000

Provider Gender: Female
NPI: 1811151848


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


NEUROLOGY

GOLD, JEFFREY

Provider ID: 283334


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

 Phone: (951) 600-1640
Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Male
NPI: 1568773984

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


NEUROLOGY

JINDAL, ANUJA

Provider ID: 215521


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562

 Phone: (951) 600-1640
Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Female
NPI: 1194046581


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY

SAHAGIAN, MICHELLE

Provider ID: 283166

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female
NPI: 1275604035

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

GOLD, JEFFREY

Provider ID: 215691

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)

600-1640

Provider Gender: Male

NPI: 1568773984

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL

OAKLAND, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

GUIDO-ESTRADA, NATALIE

Provider ID: 215442

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1528353521

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

KIMMCMANUS, OLIVIA

Provider ID: 215666

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1174870067

Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, CHILDRENS
HOSPITAL OF ORANGE
COUNTY, RADY CHILDRENS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max 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
 UCSD MEDICAL GROUP

 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
 RADY CHILDRENS HEALTH NETWORK


 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT

HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


OPHTHALMOLOGY

BHATIA, SHAGUN

Provider ID: 267317

Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network

OPHTHALMOLOGY

HENNEIN, LAUREN

Provider ID: 297010

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1699216010

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1861648602

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL
HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL
OAKLAND, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OPHTHALMOLOGY

MOVAGHAR, MANSOOR

Provider ID: 216415

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (858) 309-7702

After Hours Phone: (858)
309-7702

Provider Gender: Male

NPI: 1497792220

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

OPHTHALMOLOGY

OHALLORAN, HENRY

Provider ID: 215685

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)
600-1640





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

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

OTOLARYNGOLOGY






BLISS, MORGAN




Provider ID: 215684
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 25170 HANCOCK AVE
MURRIETA, CA 92562
 Phone: (951) 600-1640
Fax: (951) 600-1760
 After Hours Phone: (951)
600-1640
Provider Gender: Female
NPI: 1760707657
 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY




CARVALHO, DANIELA

Provider ID: 215332
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 25170 HANCOCK AVE
MURRIETA, CA 92562
 Phone: (951) 600-1640
 After Hours Phone: (951)
600-1640
Provider Gender: Female
NPI: 1154492916
 Provider English Spoken: Y
 Provider Language(s)
Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL
Medi-Cal Open Panel: Yes





Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

FRIESEN, TZYYNONG

Provider ID: 244898
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 25170 HANCOCK AVE
MURRIETA, CA 92562
 Phone: (951) 600-1400
 After Hours Phone: (951)
600-1400

Provider Gender: Female
NPI: 1952740177

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

JIANG, WEN

Provider ID: 215564

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 254296

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE FL 1

MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
CHILDRENS HOSP OF LOS
ANGELES, PIH HEALTH
HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 254089

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)

600-1640

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
CHILDRENS HOSP OF LOS
ANGELES, PIH HEALTH
HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

OTOLARYNGOLOGY

PATEL, VIJAY

Provider ID: 297034

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE STE 1
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Male
NPI: 1508250747
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, VALLEY CHILDRENS
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN
Provider ID: 215733
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 25170 HANCOCK AVE
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951)
600-1640
Provider Gender: Female
NPI: 1205128089
☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LUCILE
SALTER PACKARD
CHILDRENS HOSP, Stanford
Health Care, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

BORQUEZ, ALEJANDRO
Provider ID: 284119
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK
📍 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951)
600-1640
Provider Gender: Female
NPI: 1114277787
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network




PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Provider ID: 215743
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 25170 HANCOCK AVE
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
🕒 After Hours Phone: (951)
600-1640
Provider Gender: Male
NPI: 1760691950
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL, SHARP
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。





D. 專業提供者目錄

N




 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

DUMMER, KIRSTEN




Provider ID: 215645
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 25170 HANCOCK AVE
MURRIETA, CA 92562
 *Phone: (951) 600-1640*
 *After Hours Phone: (951) 600-1640*
Provider Gender: Female
NPI: 1780642280
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):


N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network




PEDIATRIC CARDIOLOGY

MCCANDLESS, RACHEL

Provider ID: 215601
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 25170 HANCOCK AVE
MURRIETA, CA 92562
 *Phone: (951) 600-1640*
 *After Hours Phone: (951) 600-1640*

Provider Gender: Female
NPI: 1487821815
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N





 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY




NARAYAN, HARI

Provider ID: 239114
Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK




 25170 HANCOCK AVE
MURRIETA, CA 92562
 *Phone: (951) 600-1640*
 *After Hours Phone: (951) 600-1640*
Provider Gender: Male
NPI: 1376705707
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network






PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE





Provider ID: 215679
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 25170 HANCOCK AVE
MURRIETA, CA 92562
 *Phone: (951) 600-1640*
 *After Hours Phone: (951) 600-1640*
Provider Gender: Male
NPI: 1417222472





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄








 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
 *American Sign Language (ASL): N*
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network


PEDIATRIC CARDIOLOGY

WILLIAMS, MATTHEW
Provider ID: 215678
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 25170 HANCOCK AVE
 MURRIETA, CA 92562
 *Phone: (951) 600-1640*
 *After Hours Phone: (951) 600-1640*
Provider Gender: Male
NPI: 1831423250
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND








Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
 *American Sign Language (ASL): N*
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DEVERA, GEMMIE
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK
 25500 MEDICAL CENTER DR
 MURRIETA, CA 92562
 *Phone: (951) 696-6124*
 *After Hours Phone: (951) 696-6124*
Provider Gender: Female
NPI: 1366622078
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
 *American Sign Language (ASL): N*
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DO, STEPHANIE
Provider ID: 216969
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 25500 MEDICAL CENTER DR
 MURRIETA, CA 92562
 *Phone: (951) 696-6124*
Fax: (951) 696-6293
 *After Hours Phone: (951) 696-6124*
Provider Gender: Female
NPI: 1750513644
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: Martin Luther King Jr Community Hospital, RADY CHILDRENS HOSPITAL SAN DIEGO
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEDICINE

GROSS, MATTHEW
Provider ID: 297173
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (858) 966-7800
Fax: (858) 966-8231

After Hours Phone: (858) 966-7800

Provider Gender: Male
NPI: 1942223664

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
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

RADY CHILDRENS HEALTH NETWORK

25500 MEDICAL CENTER DR
MURRIETA, CA 92562

Phone: (951) 696-6124
Fax: (951) 696-6293

After Hours Phone: (951) 696-6124

Provider Gender: Male
NPI: 1427349091

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
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
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE STE 150
MURRIETA, CA 92562

Phone: (858) 966-7800
Fax: (858) 966-8231

After Hours Phone: (858) 966-7800

Provider Gender: Female
NPI: 1609495399

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MESIWALA, ADNAN
Provider ID: 275655
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25500 MEDICAL CENTER DR
MURRIETA, CA 92562

Phone: (951) 696-6161

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (951) 696-6105

☎ After Hours Phone: (951) 696-6161

Provider Gender: Male

NPI: 1528483955

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Gujarati

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MILLS, DAVID

Provider ID: 302147

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

☎ Phone: (951) 696-6124

Fax: (951) 696-6293

☎ After Hours Phone: (951) 696-6124

Provider Gender: Male

NPI: 1194145946

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

OZCAN, ALI

Provider ID: 287924

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

☎ Phone: (951) 696-6124

Fax: (951) 696-6293

☎ After Hours Phone: (951) 696-6124

Provider Gender: Male

NPI: 1265867683

☐ Provider English Spoken: Y
☐ Provider Language(s)

Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, LOMA LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARK, BRIAN

Provider ID: 302353

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

☎ Phone: (951) 696-6124

Fax: (951) 696-6293

☎ After Hours Phone: (951) 696-6124

Provider Gender: Male

NPI: 1710418744

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH
NETWORK

 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562
 Phone: (951) 696-6161
 After Hours Phone: (951)
696-6161

Provider Gender: Female
NPI: 1740468057


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A




IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


SCHROTER, STEPHANIE

Provider ID: 243831

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562
 Phone: (951) 696-6124
 After Hours Phone: (951)
696-6124


Provider Gender: Female
NPI: 1073951828

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A




IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


SHETH, SARIKA

Provider ID: 248172

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562
 Phone: (951) 696-6124
Fax: (951) 696-6293
 After Hours Phone: (951)
696-6124

Provider Gender: Female
NPI: 1336503234

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

SOUDER, CHRISTOPHER

Provider ID: 301634

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE FL 1

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951) 600-1640
Provider Gender: 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

TANG, ANDREW

Provider ID: 294678
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562
☎ Phone: (951) 696-6124
Fax: (951) 696-6293
🕒 After Hours Phone: (951)
696-6124

Provider Gender: Male
NPI: 1184071516
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 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
RADY CHILDRENS HEALTH
NETWORK
📍 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562
☎ Phone: (951) 696-6124
Fax: (951) 696-6293
🕒 After Hours Phone: (951)
696-6124
Provider Gender: Female
NPI: 1417496985
🗣 Provider English Spoken: Y
🗣 Provider Language(s)
Spoken: Spanish,

Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL
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
RADY CHILDRENS HEALTH
NETWORK
📍 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951)
600-1640
Provider Gender: Female
NPI: 1841721172
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER


Provider ID: 301640

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562


 Phone: (951) 600-1640


Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Yue
Chinese

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA

Provider ID: 294382

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1144615659

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


PEDIATRIC PULMONOLOGY

RAO, APARNA

Provider ID: 215528

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562

 Phone: (951) 600-1640


Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1649222340

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

LOPEZ, XIMENA

Provider ID: 302857

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1740316405

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

NGO, MAI

Provider ID: 302112

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE STE 1
MURRIETA, CA 92562

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951)

600-1640

Provider Gender: Female

NPI: 1508910787

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640
After Hours Phone: (951)

600-1640

Provider Gender: Female

NPI: 1912112020

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

VARGASTRUJILLO, MARCELA

Provider ID: 215602

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640
After Hours Phone: (951)

600-1640

Provider Gender: Female

NPI: 1952534091

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

ALGRA, JEFFREY

Provider ID: 215644

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1457664518

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

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
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1366589640

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

DALAL, PRITHA

Provider ID: 215665

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1609017532

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

RYAN, KYLE

Provider ID: 275662

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1447645742

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICAL MEDICINE / REHABILITATION

SCOTT-WYARD, PHOEBE

Provider ID: 283086

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1336356203

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS
ANGELES, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICAL MEDICINE / REHABILITATION

SKALSKY, ANDREW

Provider ID: 215522

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1487635272

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICIANS ASSISTANT

ANWAR, YASMIN

Provider ID: 300845

Board Certified Specialty: Yes

IHP OF SOUTHERN CAL-PHP

25495 MEDICAL CENTER
DR STE 200

MURRIETA, CA 92562

Phone: (951) 304-7546

Fax: (951) 696-5872

After Hours Phone: (951)
304-7546

Provider Gender: Female

NPI: 1588602247

Provider English Spoken: Y

Provider Language(s)
Spoken: Persian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP


PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE

Provider ID: 302453
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
 Phone: (951) 600-1640
Fax: (951) 600-1760
 After Hours Phone: (951)
600-1640


Provider Gender: Female
NPI: 1205381845

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: No
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A


IPA: Rady Childrens Health
Network

PULMONARY DISEASES

KUMAR, AVNEE

Provider ID: 300014
Board Certified Specialty: No
UCSD MEDICAL GROUP


 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

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
UCSD MEDICAL GROUP


 25500 MEDICAL CENTER
DR
MURRIETA, CA 92562

 Phone: (951) 677-1111
Fax: (951) 677-9757

 After Hours Phone: (951)
677-1111


Provider Gender: Male

NPI: 1144615337

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


SURGERY GENERAL

FAIRBANKS, TIMOTHY

Provider ID: 246979
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SHARP MEMORIAL HOSPITAL,


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

SCRIPPS MEMORIAL
HOSPITAL, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


SURGERY GENERAL


KLING, KAREN

Provider ID: 215583

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, NATIONAL


NAVAL MED CTR, SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


SURGERY GENERAL


VASCULAR


HOWE, STEVEN

Provider ID: 206761

Board Certified Specialty: No
UCSD MEDICAL GROUP

 28062 BAXTER RD
MURRIETA, CA 92563

 Phone: (877) 558-6248

 After Hours Phone: (877)
558-6248

Provider Gender: Male

NPI: 1497702740

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, TRI CITY
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

CHENG, YU-TSUN


Provider ID: 301902

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1992982854

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE INLAND
VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A

IPA: Rady Childrens Health Network


SURGERY ORTHOPEDIC

UPASANI, VIDYADHAR

Provider ID: 283160

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Male


NPI: 1548417652


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


SURGERY PEDIATRIC


THANGARAJAH, HARIHARAN

Provider ID: 215420

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 25170 HANCOCK AVE
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

HOWE, STEVEN

Provider ID: 210169

Board Certified Specialty: No
UCSD MEDICAL GROUP

 41011 CALIFORNIA OAKS
RD STE 104
MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1497702740

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, TRI CITY


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY THORACIC

POLLEMA, TRAVIS

Provider ID: 210577

Board Certified Specialty: No
UCSD MEDICAL GROUP

 41011 CALIFORNIA OAKS
RD STE 104
MURRIETA, CA 92562

 Phone: (858) 657-7777

Fax: (888) 539-8781

 After Hours Phone: (858)
657-7777

Provider Gender: Male

NPI: 1871752956

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 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
RADY CHILDRENS HEALTH
NETWORK

 655 EUCLID AVE STE 205
NATIONAL CITY, CA 91950

 Phone: (619) 470-1945

Fax: (619) 475-5048

 After Hours Phone: (619)
470-1945

Provider Gender: Female

NPI: 1770124927

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER


DE CASTRO, SHARLENE

JOYCE

Provider ID: 299158

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 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
IHP OF SOUTHERN CAL-PHP

 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
IHP OF SOUTHERN CAL-PHP

 340 E 8TH ST
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>☎ <i>After Hours Phone: (619) 662-4100</i> <i>Provider Gender: Female</i> <i>NPI: 1477755684</i></p> <p>☑ <i>Provider English Spoken: Y</i> ☑ <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 12\None</i> <i>American Sign Language (ASL): N</i></p> <p>♿ <i>Accessibility: CONTACT PROVIDER</i></p> <p>🕒 <i>Hours: SU 10AM-4PM M-F 8:30AM-5:30PM SA 8AM-2:30PM</i></p> <p>🌐 <i>Website: N/A</i> <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p>♿ <i>Accessibility: CONTACT PROVIDER</i></p> <p>🕒 <i>Hours: M-F 8AM-5PM</i> 🌐 <i>Website: N/A</i> <i>IPA: Community Care IPA LLC</i></p>	<p><i>IPA: Community Care IPA LLC</i></p> <hr/> <p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>MIDORO, ABEGAILLE <i>Provider ID: 303830</i> <i>Board Certified Specialty: No</i> <i>COMMUNITY CARE IPA LLC</i></p> <p>📍 2835 HIGHLAND AVE STE A NATIONAL CITY, CA 91950 ☎ <i>Phone: (844) 200-2426</i> <i>Fax: (619) 477-1286</i></p> <p>☎ <i>After Hours Phone: (844) 200-2426</i> <i>Provider Gender: Female</i> <i>NPI: 1952925851</i></p> <p>☑ <i>Provider English Spoken: Y</i> ☑ <i>Provider Language(s) Spoken: Tagalog</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>
<hr/> <p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>GULLY, MICHELLE <i>Provider ID: 299422</i> <i>Board Certified Specialty: No</i> <i>COMMUNITY CARE IPA LLC</i></p> <p>📍 1428 HIGHLAND AVE NATIONAL CITY, CA 91950 ☎ <i>Phone: (844) 200-2426</i> <i>Fax: (619) 434-1613</i></p> <p>☎ <i>After Hours Phone: (844) 200-2426</i> <i>Provider Gender: Female</i> <i>NPI: 1801557947</i></p> <p>☑ <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i></p>	<hr/> <p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>LIM, IMELDA <i>Provider ID: 294308</i> <i>Board Certified Specialty: No</i> <i>COMMUNITY CARE IPA LLC</i></p> <p>📍 2743 HIGHLAND AVE NATIONAL CITY, CA 91950 ☎ <i>Phone: (844) 200-2426</i> <i>Fax: (619) 474-3919</i></p> <p>☎ <i>After Hours Phone: (844) 200-2426</i> <i>Provider Gender: Female</i> <i>NPI: 1093130395</i></p> <p>☑ <i>Provider English Spoken: Y</i> ☑ <i>Provider Language(s) Spoken: Tagalog</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p>♿ <i>Accessibility: CONTACT PROVIDER</i></p> <p>🕒 <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i> 🌐 <i>Website: N/A</i></p>	<p>📍 2835 HIGHLAND AVE STE A NATIONAL CITY, CA 91950 ☎ <i>Phone: (844) 200-2426</i> <i>Fax: (619) 477-1286</i></p> <p>☎ <i>After Hours Phone: (844) 200-2426</i> <i>Provider Gender: Female</i> <i>NPI: 1952925851</i></p> <p>☑ <i>Provider English Spoken: Y</i> ☑ <i>Provider Language(s) Spoken: Tagalog</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p>♿ <i>Accessibility: CONTACT PROVIDER</i></p> <p>🕒 <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i> 🌐 <i>Website: N/A</i> <i>IPA: Community Care IPA LLC</i></p> <hr/> <p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>MIDORO, ABEGAILLE <i>Provider ID: 303827</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
COMMUNITY CARE IPA LLC
2835 HIGHLAND AVE STE B
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 477-2628
After Hours Phone: (844)
200-2426
Provider Gender: Female
NPI: 1952925851
Provider English Spoken: Y
Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TU
8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

NOVENO, HILARIO JR
Provider ID: 297836
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844)

200-2426
Provider Gender: Male
NPI: 1124486865
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Spanish,
Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-6PM
Website: N/A
IPA: Community Care IPA LLC,
UCSD Medical Group

CHIROPRACTOR

GILIBERTO, JOSEPH
Provider ID: 291548
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
2835 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 399-5959
After Hours Phone: (844)
200-2426
Provider Gender: Male
NPI: 1821463159
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

DERMATOLOGY

LIN, SHINKO
Provider ID: 308216
Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 304
NATIONAL CITY, CA 91950
Phone: (619) 267-8303
Fax: (619) 267-4835
After Hours Phone: (619)
267-8303
Provider Gender: Female
NPI: 1205130036
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-4:30PM
Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

DERMATOLOGY

LIN, SHINKO

Provider ID: 306319

Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

2400 E 8TH ST
NATIONAL CITY, CA 91950

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)
267-8303

Provider Gender: Female

NPI: 1205130036

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

FAMILY PRACTICE

NAVARRO, VANESSA MARIA

Provider ID: 301784

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2400 E 8TH ST
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)
Spoken: Filipino, Spanish,
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ROBERTS, POMAI

Provider ID: 301278

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 336-2323

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1023278314

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

INTERVENTIONAL

CARDIOLOGY

CAMACHO, BENJAMIN

Provider ID: 290137

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1615 SWEETWATER RD STE
D

NATIONAL CITY, CA 91950

Phone: (619) 474-2233

Fax: (619) 474-2211

After Hours Phone: (619)
474-2233

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1699759936

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Tagalog
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL,
 ALVARADO HOSPITAL LLC
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP,
 Imperial Health Holdings
 Medical Group-SD

INTERVENTIONAL CARDIOLOGY

CAMACHO, BENJAMIN

Provider ID: 269129
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 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: 35045
 Board Certified Specialty: No
 IMPERIAL HEALTH HOLDINGS
 MEDICAL GROUP-SD
 1615 SWEETWATER RD
 NATIONAL CITY, CA 91950
 Phone: (619) 474-2233
 Fax: (619) 474-2211
 After Hours Phone: (619)
 474-2233
 Provider Gender: Male
 NPI: 1699759936
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Tagalog
 Cultural Competency: N

Hospital Affiliation:
 GROSSMONT HOSPITAL,
 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
 IHP OF SOUTHERN CAL-PHP
 655 EUCLID AVE STE 401
 NATIONAL CITY, CA 91950
 Phone: (858) 800-2480
 Fax: (858) 216-1908
 After Hours Phone: (858)
 800-2480
 Provider Gender: Male
 NPI: 1457379372
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 GREEN HOSPITAL, SCRIPPS
 MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄







Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 9AM-4PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

PANDHI, JAY
 Provider ID: 269087
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 655 EUCLID AVE STE 208
 NATIONAL CITY, CA 91950
 Phone: (619) 512-1915
 Fax: (619) 512-1913
 After Hours Phone: (619)
 512-1915
 Provider Gender: Male
 NPI: 1407997406
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: PARADISE
 VALLEY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SHARP CHULA VISTA
 MED CTR, SCRIPPS MERCY
 HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N







 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

ROUGH, STEVEN
 Provider ID: 301320
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1415 E 8TH ST STE 6
 NATIONAL CITY, CA 91950
 Phone: (619) 434-4288
 Fax: (619) 434-4315
 After Hours Phone: (619)
 434-4288
 Provider Gender: Male
 NPI: 1386821460
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SHARP MEMORIAL HOSPITAL,
 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
 IMPERIAL HEALTH HOLDINGS
 MEDICAL GROUP-SD
 1415 E 8TH ST STE 6
 NATIONAL CITY, CA 91950
 Phone: (619) 434-4288
 Fax: (619) 434-4315
 After Hours Phone: (619)
 434-4288
 Provider Gender: Male
 NPI: 1386821460
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SHARP MEMORIAL HOSPITAL,
 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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Imperial Health Holdings
Medical Group-SD

INTERVENTIONAL CARDIOLOGY

ROUGH, STEVEN

Provider ID: 302044

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1415 E 8TH ST STE 6
NATIONAL CITY, CA 91950

Phone: (619) 434-4288

Fax: (619) 434-4315

After Hours Phone: (619)
434-4288

Provider Gender: Male

NPI: 1386821460

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL,

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

NEPHROLOGY

COMUNALE, RODERICK

Provider ID: 290784

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

502 EUCLID AVE STE 205
NATIONAL CITY, CA 91950

Phone: (858) 551-0276

Fax: (858) 454-8796

After Hours Phone: (858)
551-0276

Provider Gender: Male

NPI: 1568462109

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, PARADISE

VALLEY HOSPITAL,

ALVARADO HOSPITAL LLC,

SCRIPPS MERCY HOSPITAL,

ALVARADO HOSP MED CTR,

KINDRED HOSPITAL SAN

DIEGO, KINDRED HOSPITAL

SAN DIEGO, SELECT

SPECIALTY HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

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
IHP OF SOUTHERN CAL-PHP

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 336-2323

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1851667661

Provider English Spoken: Y

Provider Language(s)
Spoken: Faroese, Fataleka

Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center, Menifee

Global Medical Center,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A

IPA: IHP of Southern Cal-PHP


OBSTETRICS / GYNECOLOGY

DELROSARIO, GELEN

Provider ID: 257478

Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

 502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N

Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT,
Community Care IPA LLC,
Rady Childrens Health
Network


OBSTETRICS / GYNECOLOGY

DELROSARIO, GELEN

Provider ID: 269247

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N


Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM


 Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT,
Community Care IPA LLC,
Rady Childrens Health
Network

Provider ID: 206092

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950

 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N


Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT,
Community Care IPA LLC,
Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

Provider ID: 302451

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP OF SOUTHERN CAL-PHP

2400 E 8TH ST STE 8
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

HAIGHT, BRUCE

Provider ID: 269113

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

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

COMMUNITY CARE IPA LLC

2240 E PLAZA BLVD STE
F-G

NATIONAL CITY, CA 91950

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

OPTOMETRIST

KOO, ANITA

Provider ID: 306903

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)
425-7755

Provider Gender: Female

NPI: 1669825667

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM






























Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p style="text-align: center;">OPTOMETRIST</p> <p>KOO, ANITA Provider ID: 304538 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  1520 E PLAZA BLVD NATIONAL CITY, CA 91950  Phone: (619) 425-7755 Fax: (619) 425-2138  After Hours Phone: (619) 425-7755 Provider Gender: Female NPI: 1669825667  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p style="text-align: center;">474-2284</p> <p>Provider Gender: Female NPI: 1669825667  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p> Hours: M-F 8AM-5PM  Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>
<p style="text-align: center;">OPTOMETRIST</p> <p>KOO, ANITA Provider ID: 307113 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  2743 HIGHLAND AVE NATIONAL CITY, CA 91950  Phone: (619) 474-2284 Fax: (619) 474-3919  After Hours Phone: (619)</p>	<p style="text-align: center;">OPTOMETRIST</p> <p>KOO, ANITA Provider ID: 307171 Board Certified Specialty: No COMMUNITY CARE IPA LLC  2743 HIGHLAND AVE NATIONAL CITY, CA 91950  Phone: (619) 474-2284 Fax: (619) 474-3919  After Hours Phone: (619) 474-2284 Provider Gender: Female NPI: 1669825667  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>	<p style="text-align: center;">PODIATRIST</p> <p>ATMAR, AKMAL Provider ID: 269784 Board Certified Specialty: No COMMUNITY CARE IPA LLC  2345 E 8TH ST STE 105 NATIONAL CITY, CA 91950  Phone: (929) 287-4511 Fax: (877) 671-6835  After Hours Phone: (929) 287-4511 Provider Gender: Male NPI: 1558656637  Provider English Spoken: Y  Provider Language(s) Spoken: Farsi, Persian, Urdu Cultural Competency: N Hospital Affiliation: PARADISE VALLEY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 9AM-5PM  Website: N/A IPA: Community Care IPA LLC</p>
		<p style="text-align: center;">PODIATRIST</p> <p>CAINE, SAMUEL Provider ID: 308637</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄



Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
 Phone: (619) 292-2493
Fax: (619) 618-0222
 After Hours Phone: (619)
292-2493
Provider Gender: Male
NPI: 1396230298
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP CHULA
VISTA MED CTR, SHARP
CORONADO HOSP AND
HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PODIATRIST

CAINE, SAMUEL

Provider ID: 308212

Board Certified Specialty: No

COMMUNITY CARE IPA LLC
 610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
 Phone: (619) 292-2493
Fax: (619) 618-0222
 After Hours Phone: (619)
292-2493
Provider Gender: Male
NPI: 1396230298
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP CHULA
VISTA MED CTR, SHARP
CORONADO HOSP AND
HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP









PODIATRIST

DAVIDSON III, JOHN

Provider ID: 129542

Board Certified Specialty: No

COMMUNITY CARE IPA LLC



 610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
 Phone: (619) 427-3481
Fax: (619) 420-7807
 After Hours Phone: (619)
427-3481
Provider Gender: Male
NPI: 1689069874
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

 610 EUCLID AVE STE 202
NATIONAL CITY, CA 91950
 Phone: (619) 472-4900
Fax: (619) 472-4910

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ After Hours Phone: (619) 472-4900

Provider Gender: Female

NPI: 1841303419

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Chinese, Mandarin, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

📍 3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

☎ Phone: (619) 482-3000

Fax: (619) 695-0050

☎ After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1336894724

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 7AM-7PM
F 7AM-5PM
SA 8AM-1PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

JIMENEZ, ANDREA

Provider ID: 299888

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

📍 3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

☎ Phone: (619) 482-3000

Fax: (619) 482-3001

☎ After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1407440670

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 7AM-7PM

🌐 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

KARANDE, PRACHI

Provider ID: 287102

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

📍 3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

☎ Phone: (619) 482-3000

Fax: (619) 482-3001

☎ 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):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 7AM-6PM

🌐 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA

Provider ID: 305011

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 7AM-7PM
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA

Provider ID: 305012

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 7AM-7PM
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NOVENCIDO, ANDREW

Provider ID: 301996

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

NOVENCIDO, ANDREW

Provider ID: 286784

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

SPARKS, TODD

Provider ID: 301110

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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: 298366

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

SUGGS, SARAH

Provider ID: 301430

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)
482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

VILLANUEVA, GIOVANNI

Provider ID: 301533

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
 Hours: M-F 7AM-7PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP







 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OCEANSIDE









ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY

Provider ID: 308400
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 2125 S EL CAMINO REAL
 STE 103
 OCEANSIDE, CA 92054
 Phone: (760) 610-0522
 Fax: (760) 610-0523
 After Hours Phone: (760)
 610-0522
 Provider Gender: Male
 NPI: 1205949914
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER






ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY

Provider ID: 308111
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 2125 S EL CAMINO REAL
 STE 103
 OCEANSIDE, CA 92054
 Phone: (760) 610-0522
 Fax: (760) 610-0523
 After Hours Phone: (760)
 610-0522
 Provider Gender: Male
 NPI: 1205949914
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON

Provider ID: 299882
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 3231 WARING CT STE K
 OCEANSIDE, CA 92056
 Phone: (760) 607-5350
 After Hours Phone: (760)
 607-5350
 Provider Gender: Male
 NPI: 1689092470
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR, SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 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

CERTIFIED ACUPUNCTURIST **GONZALEZ, ANDRES**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 308047

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3988 VISTA WAY STE G
OCEANSIDE, CA 92056

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: Chinese, 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 NURSE **PRACTITIONER**

APRIL, MONIQUE

Provider ID: 306978

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

APRIL, MONIQUE

Provider ID: 306979

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

BALDWIN, ANDREA

Provider ID: 294937

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1497202121

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TU 8AM-5PM

W 8AM-7PM

TH-F 8AM-5PM

SA 9AM-6PM

Website: N/A

IPA: IHP of Southern Cal-PHP


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>BINETTE, DONYA Provider ID: 303861 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p>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</p> <p>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</p> <p>Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM SA 8AM-4:30PM Website: N/A IPA: Rady Childrens Health Network</p>	<p>IHP OF SOUTHERN CAL-PHP</p> <p>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</p> <p>Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM Website: N/A IPA: IHP of Southern Cal-PHP</p>	<p>Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM Website: N/A IPA: IHP of Southern Cal-PHP</p>
<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>CHILAKA, SAMUEL Provider ID: 301314 Board Certified Specialty: No</p>	<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>CHILAKA, SAMUEL Provider ID: 301315 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p>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</p>	<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>CHILAKA, SAMUEL Provider ID: 301313 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p>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</p> <p>Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER Hours: M-TH 8AM-8PM</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


F 8AM-5PM
SA 9AM-4PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

CHRISTY, TYLER

Provider ID: 303930
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 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: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**


CHRISTY, TYLER

Provider ID: 303931

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 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: Community Care IPA LLC,
IHP of Southern Cal-PHP


CERTIFIED NURSE **PRACTITIONER**

CHRISTY, TYLER

Provider ID: 307299

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 818 PIER VIEW WAY
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1689094971

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign 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**

CISZEK, ALEXANDRA

Provider ID: 306002

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 605 CROUCH ST
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1578220612

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CERTIFIED NURSE PRACTITIONER

GENOVESE, KELLY

Provider ID: 301304

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 5
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1326052457

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA

Provider ID: 302289

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 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
IHP OF SOUTHERN CAL-PHP

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 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
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)
547-1020

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
































Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<hr/> <p><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>HERNANDEZ, JESSICA Provider ID: 302299 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000 Fax: (760) 414-3892</p> <p> After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Female NPI: 1013668680</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/>	<p>Fax: (760) 414-3892</p> <p> After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Female NPI: 1013668680</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/>	<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/>
<hr/> <p><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>HERNANDEZ, JESSICA Provider ID: 302298 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 818 PIER VIEW WAY OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000 Fax: (760) 414-3892</p> <p> After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Female NPI: 1013668680</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/>	<hr/> <p><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>HERNANDEZ, JESSICA Provider ID: 304495 Board Certified Specialty: No COMMUNITY CARE IPA LLC</p> <p> 517 N HORNE ST OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000 Fax: (760) 414-3892</p> <p> After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Female NPI: 1013668680</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/>	<hr/> <p><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <p>HERNANDEZ, JESSICA Provider ID: 302300 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 517 N HORNE ST OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000</p> <hr/>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

HERNANDEZ, JESSICA

Provider ID: 304494

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1013668680

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

HUERTA, STEVEN

Provider ID: 307935

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1558607440

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

HUERTA, STEVEN

Provider ID: 307932

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1558607440

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

HUERTA, STEVEN

Provider ID: 307934

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1558607440

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

KELLEHER, BRIDGET







Provider ID: 298084

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP






4700 N RIVER RD
OCEANSIDE, CA 92057



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄






 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 IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1245695006
 Provider English Spoken: Y
 Provider Language(s)









Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 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 IHP OF SOUTHERN CAL-PHP
 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1245695006
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

LANG, LESLIE
 Provider ID: 308045
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1457366130
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PRACTITIONER			
MONTGOMERY JR, KEITH		<i>Fax: (760) 414-3892</i>	<i>Min/Max Age: 6\None</i>
<i>Provider ID: 295287</i>		<i>After Hours Phone: (760) 631-5000</i>	<i>American Sign Language (ASL): N</i>
<i>Board Certified Specialty: No</i>		<i>Provider Gender: Male</i>	<i>Accessibility: CONTACT PROVIDER</i>
<i>IHP OF SOUTHERN CAL-PHP</i>		<i>NPI: 1790978617</i>	<i>Hours: M-TU 8AM-5PM</i>
	<i>4700 N RIVER RD</i>	<i>Provider English Spoken: Y</i>	<i>W 10AM-7PM</i>
	<i>OCEANSIDE, CA 92057</i>	<i>Cultural Competency: N</i>	<i>TH-F 8AM-5PM</i>
	<i>Phone: (760) 631-5000</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>SA 9AM-4PM</i>
	<i>Fax: (760) 414-3892</i>	<i>Min/Max Age: 6\None</i>	<i>Website: N/A</i>
	<i>After Hours Phone: (760) 631-5000</i>	<i>American Sign Language (ASL): N</i>	<i>IPA: IHP of Southern Cal-PHP</i>
	<i>Provider Gender: Male</i>	<i>Accessibility: CONTACT PROVIDER</i>	
	<i>NPI: 1790978617</i>	<i>Hours: M-TU 8AM-5PM</i>	
	<i>Provider English Spoken: Y</i>	<i>W 10AM-7PM</i>	
	<i>Cultural Competency: N</i>	<i>TH-F 8AM-5PM</i>	
	<i>Medi-Cal Open Panel: Yes</i>	<i>SA 9AM-4PM</i>	
	<i>Min/Max Age: 6\None</i>	<i>Website: N/A</i>	
	<i>American Sign Language (ASL): N</i>	<i>IPA: IHP of Southern Cal-PHP</i>	
	<i>Accessibility: CONTACT PROVIDER</i>		
	<i>Hours: M-TU 8AM-5PM</i>		
	<i>W 10AM-7PM</i>		
	<i>TH-F 8AM-5PM</i>		
	<i>SA 9AM-4PM</i>		
	<i>Website: N/A</i>		
	<i>IPA: IHP of Southern Cal-PHP</i>		
CERTIFIED NURSE PRACTITIONER		CERTIFIED NURSE PRACTITIONER	
MONTGOMERY JR, KEITH		MONTGOMERY JR, KEITH	
<i>Provider ID: 295286</i>		<i>Provider ID: 295286</i>	
<i>Board Certified Specialty: No</i>		<i>Board Certified Specialty: No</i>	
<i>IHP OF SOUTHERN CAL-PHP</i>		<i>IHP OF SOUTHERN CAL-PHP</i>	
	<i>818 PIER VIEW WAY</i>		<i>4700 N RIVER RD</i>
	<i>OCEANSIDE, CA 92054</i>		<i>OCEANSIDE, CA 92057</i>
	<i>Phone: (760) 631-5000</i>		<i>Phone: (760) 631-5000</i>
	<i>Fax: (760) 414-3892</i>		<i>Fax: (760) 414-3892</i>
	<i>After Hours Phone: (760) 631-5000</i>		<i>After Hours Phone: (760) 631-5000</i>
	<i>Provider Gender: Male</i>		<i>Provider Gender: Female</i>
	<i>NPI: 1790978617</i>		<i>NPI: 1619384351</i>
	<i>Provider English Spoken: Y</i>		<i>Provider English Spoken: Y</i>
	<i>Cultural Competency: N</i>		<i>Provider Language(s) Spoken: Spanish</i>
	<i>Medi-Cal Open Panel: Yes</i>		<i>Cultural Competency: N</i>
	<i>Min/Max Age: 12\None</i>		<i>Medi-Cal Open Panel: Yes</i>
	<i>American Sign Language (ASL): N</i>		<i>Min/Max Age: 12\None</i>
	<i>Accessibility: CONTACT PROVIDER</i>		<i>Accessibility: CONTACT PROVIDER</i>
	<i>Hours: M-F 8AM-5PM</i>		<i>Hours: M-F 8AM-5PM</i>
	<i>SA 9AM-4PM</i>		<i>SA 9AM-4PM</i>



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
IPA: Community Care IPA LLC


CERTIFIED NURSE **PRACTITIONER**

RAYTA, NICOLE

Provider ID: 304682
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892


 After Hours Phone: (760)
631-5000

Provider Gender: Female
NPI: 1689027542

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE **PRACTITIONER**

SANACORA, RACHEL

Provider ID: 297730
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 3605 VISTA WAY STE 172

OCEANSIDE, CA 92056

 Phone: (760) 547-1000
Fax: (760) 547-1021

 After Hours Phone: (760)
547-1000


Provider Gender: Female
NPI: 1548987985

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM



 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE **PRACTITIONER**



SANTIAGO, AMANDA

Provider ID: 242607
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892


 After Hours Phone: (760)
631-5000

Provider Gender: Female
NPI: 1619488731

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

 Website: N/A


IPA: Community Care IPA LLC

CERTIFIED NURSE **PRACTITIONER**

TAYLOR, CHRISTOPHER

Provider ID: 295505
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male
NPI: 1851747166




 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 12\None





American Sign Language (ASL):
N




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *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
IHP OF SOUTHERN CAL-PHP*
 517 N HORNE ST
OCEANSIDE, CA 92054
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)
631-5000*
Provider Gender: Male
NPI: 1851747166
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\None
*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-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
IHP OF SOUTHERN CAL-PHP*
 818 PIER VIEW WAY
OCEANSIDE, CA 92054
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)
631-5000*



Provider Gender: Male
NPI: 1851747166
 *Provider English Spoken: Y*
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 REGISTERED NURSE MIDWIFE

KELLY, KATHERINE
Provider ID: 290312
*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*
 2210 MESA DR STE 5

OCEANSIDE, CA 92054
 *Phone: (760) 736-6767*
Fax: (760) 736-6744
 *After Hours Phone: (760)
736-6767*
Provider Gender: Female
NPI: 1801134275
 *Provider English Spoken: Y*
 *Provider Language(s)
Spoken: Spanish*
Cultural Competency: N
*Hospital Affiliation: PALOMAR
MEDICAL CENTER*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
*American Sign Language (ASL):
N*


 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

PERLMAN, TAMARA
Provider ID: 290733
*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*
 2210 MESA DR STE 5
OCEANSIDE, CA 92054
 *Phone: (760) 736-6767*
Fax: (760) 736-6744
 *After Hours Phone: (760)
736-6767*
Provider Gender: Female
NPI: 1730274374
 *Provider English Spoken: Y*




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP




CHIROPRACTOR

ANDREWS, BRAD
Provider ID: 290542
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 619 CROUCH ST
OCEANSIDE, CA 92054
 *Phone: (760) 736-6767*
Fax: (760) 736-6744
 *After Hours Phone: (760) 736-6767*
Provider Gender: Male
NPI: 1750791745

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*

IPA: IHP of Southern Cal-PHP

CHIROPRACTOR

JU, NATHANIEL
Provider ID: 290221
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
OCEANSIDE, CA 92054
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760) 631-5000*
Provider Gender: Male
NPI: 1972883882

 *Provider English Spoken: Y*
 *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
RADY CHILDRENS HEALTH NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 *Phone: (760) 547-1000*


Fax: (760) 547-1021


 *After Hours Phone: (760) 547-1000*

Provider Gender: Female
NPI: 1811423072




 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Vietnamese*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 1PM-10PM*
M-F 4PM-10PM
SA 1PM-10PM

 *Website: N/A*
IPA: Rady Childrens Health Network


FAMILY PRACTICE

SALAMANCA, OMAR
Provider ID: 295469
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 605 CROUCH ST
OCEANSIDE, CA 92054
 *Phone: (760) 736-6767*
Fax: (760) 736-6744
 *After Hours Phone: (760) 736-6767*
Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1083000947

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: KERN
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


GASTROENTEROLOGY

NOVO, MEGAN


Provider ID: 308044

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3923 WARING RD STE A
OCEANSIDE, CA 92056

 Phone: (760) 724-8782

Fax: (760) 842-7801

 After Hours Phone: (760)
724-8782

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-TH 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


GYNECOLOGIC ONCOLOGY

ESKANDER, RAMEZ

Provider ID: 282166

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4002 VISTA WAY
OCEANSIDE, CA 92056

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1144486929

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, EARL AND

LORRAINE MILLER

CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
Providence St Joseph Hospital,
Providence St Jude Medical
Center, ORANGE COAST MEM
MED CTR, 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


INTERNAL MEDICINE

SHABANIAN, LEILA

Provider ID: 307537

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892


 After Hours Phone: (760)
631-5000


Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1013963073

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, French,
Persian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, TRI CITY MEDICAL CTR,

PALOMAR HEALTH, SCRIPPS

MERCY HOSPITAL, 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,

IHP of Southern Cal-PHP

INTERNAL MEDICINE


SHABANIAN, LEILA

Provider ID: 307215

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054


 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1013963073

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Farsi, French,
Persian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, TRI CITY MEDICAL CTR,

PALOMAR HEALTH, SCRIPPS

MERCY HOSPITAL, PALOMAR


MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\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: Community Care IPA LLC,

IHP of Southern Cal-PHP

MATERNAL AND FETAL

MEDICINE

MELBER, DORA

Provider ID: 296991


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 3605 VISTA WAY STE 172

OCEANSIDE, CA 92056

 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hungarian,
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

RADY CHILDRENS HEALTH

NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Male

NPI: 1154305977

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, RADY


CHILDRENS HOSPITAL SAN
DIEGO, Sharp Grossmont
Hospital


Medi-Cal Open Panel: Yes

Min/Max 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: 205437

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Male

NPI: 1477563302

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL, SHARP MEMORIAL

HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, TRI CITY
MEDICAL CTR, Sharp

Grossmont Hospital, Sharp


Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA

Provider ID: 255793

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1760730758

 Provider English Spoken: Y
Cultural Competency: N




Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

WOMEN AND NEWBORNS,
EARL AND LORRAINE MILLER
CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, SHARP
MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
Sharp Grossmont Hospital,
Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network






MATERNAL AND FETAL MEDICINE

WILLIAMS, KRISTIN
Provider ID: 206230
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 Phone: (858) 966-6710
Fax: (858) 966-6711
 After Hours Phone: (858)
966-6710
Provider Gender: Female
NPI: 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

LIU, ANDREW
Provider ID: 308522
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 3300 VISTA WAY
OCEANSIDE, CA 92056
 Phone: (760) 967-9900
Fax: (760) 967-6769
 After Hours Phone: (760)

967-9900
Provider Gender: Male
NPI: 1710481866
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

NEPHROLOGY


LIU, ANDREW
Provider ID: 301573
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3300 VISTA WAY
OCEANSIDE, CA 92056
 Phone: (760) 967-9900
Fax: (760) 967-6769
 After Hours Phone: (760)
967-9900
Provider Gender: Male
NPI: 1710481866
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese, Mandarin

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


NEPHROLOGY

LIU, ANDREW

Provider ID: 305443

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3300 VISTA WAY STE B
OCEANSIDE, CA 92056

 Phone: (760) 967-9900


Fax: (760) 967-6769

 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): Network
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


NEUROLOGY

JINDAL, ANUJA

Provider ID: 206266

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)
547-1020

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Network
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


NEUROLOGY CHILD

SAHAGIAN, MICHELLE

Provider ID: 206075

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)
547-1020

Provider Gender: Female

NPI: 1275604035

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

OBSTETRICS / GYNECOLOGY

BINDER, PRATIBHA








Provider ID: 273226

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄






UCSD MEDICAL GROUP

 4002 VISTA WAY
OCEANSIDE, CA 92056
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1174758031
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

OPHTHALMOLOGY



BANSAL, PREETI






Provider ID: 205619
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 Phone: (960) 547-1020
Fax: (760) 547-1021
 After Hours Phone: (960)
547-1020

Provider Gender: Female
NPI: 1871664631
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL
HOSPITAL, TRI CITY MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

OPHTHALMOLOGY




BHATIA, SHAGUN

Provider ID: 267318
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 Phone: (760) 547-1020

Fax: (760) 547-1021
 After Hours Phone: (760)
547-1020
Provider Gender: Female
NPI: 1104237353
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network









OPHTHALMOLOGY

HENNEIN, LAUREN

Provider ID: 297013
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 Phone: (760) 547-1020
Fax: (760) 547-1021
 After Hours Phone: (760)
547-1020
Provider Gender: Female
NPI: 1699216010

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i></p>	<p><i>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: IHP of Southern Cal-PHP</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>
<p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p><u>OPHTHALMOLOGY</u> MOLL, ANGELA <i>Provider ID: 205509</i> <i>Board Certified Specialty: No</i> <i>RADY CHILDRENS HEALTH NETWORK</i>  3605 VISTA WAY STE 172 OCEANSIDE, CA 92056  <i>Phone: (760) 547-1020</i> <i>Fax: (760) 547-1021</i>  <i>After Hours Phone: (760) 547-1020</i> <i>Provider Gender: Female</i> <i>NPI: 1861648602</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>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</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL):</i></p>	<p><u>OPHTHALMOLOGY</u> MOVAGHAR, MANSOOR <i>Provider ID: 216416</i> <i>Board Certified Specialty: No</i> <i>RADY CHILDRENS HEALTH NETWORK</i>  3605 VISTA WAY STE 172 OCEANSIDE, CA 92056  <i>Phone: (760) 547-1020</i>  <i>After Hours Phone: (760) 547-1020</i> <i>Provider Gender: Male</i> <i>NPI: 1497792220</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL):</i></p>
<p><u>OPHTHALMOLOGY</u> JACOBSEN, BRADLEY <i>Provider ID: 302868</i> <i>Board Certified Specialty: Yes</i> <i>IHP OF SOUTHERN CAL-PHP</i>  3231 WARING CT STE S OCEANSIDE, CA 92056  <i>Phone: (760) 631-6144</i> <i>Fax: (760) 724-3920</i>  <i>After Hours Phone: (760) 631-6144</i> <i>Provider Gender: Male</i> <i>NPI: 1760845184</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18\None</i></p>	<p><i>IPA: Rady Childrens Health Network</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network, UCSD Medical Group

OPHTHALMOLOGY

OHALLORAN, HENRY

Provider ID: 205887

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)
547-1020

Provider Gender: Male

NPI: 1235287947

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max 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
IHP OF SOUTHERN CAL-PHP

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, SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group

OPHTHALMOLOGY

SONG, DELU

Provider ID: 302871

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3231 WARING CT STE S
OCEANSIDE, CA 92056

Phone: (760) 631-6144

Fax: (760) 724-3920

After Hours Phone: (760)

631-6144

Provider Gender: Male

NPI: 1437689536

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group

OPTOMETRIST

GEE, JENNIFER

Provider ID: 290927

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1336589332

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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: 290210

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:


COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
CALIFORNIA PACIFIC
MEDICAL CENTER - D P APH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPTOMETRIST

KIM, MICHAEL

Provider ID: 290904

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1164546313

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-5PM
M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPTOMETRIST

KIM, MICHAEL

Provider ID: 290902

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1164546313

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-5PM
M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPTOMETRIST

MORA, WENDY

Provider ID: 290929

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892



 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1376958389

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N



 Accessibility: CONTACT
 PROVIDER

 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST



MORA, WENDY

Provider ID: 290237
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892


 After Hours Phone: (760)
 631-5000


Provider Gender: Female
 NPI: 1376958389

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N



 Accessibility: CONTACT
 PROVIDER

 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST



RING, ROBERT

Provider ID: 269380
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC

 3998 VISTA WAY STE 204
 OCEANSIDE, CA 92056
 Phone: (760) 726-9383
 Fax: (760) 726-9897

 After Hours Phone: (760)
 726-9383


Provider Gender: Male
 NPI: 1336228840


 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M 10AM-7PM
 TU-TH 9AM-5PM
 F 9AM-0PM


 Website: N/A
 IPA: Community Care IPA LLC

OPTOMETRIST

TAM, EMILY



Provider ID: 290318
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
 517 N HORNE ST
 OCEANSIDE, CA 92054

 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000


Provider Gender: Female
 NPI: 1497161236

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Chinese, Mandarin,
 Yue Chinese

Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N


 Accessibility: CONTACT
 PROVIDER

 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST

TAM, EMILY

Provider ID: 290317
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000

Provider Gender: Female
 NPI: 1497161236

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

☐ *Provider English Spoken: Y*
 ☐ *Provider Language(s) Spoken: Chinese, Mandarin, Yue Chinese*

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPTOMETRIST

TRAN, JESSICA

Provider ID: 304887

Board Certified Specialty: No COMMUNITY CARE IPA LLC

📍 *4700 N RIVER RD OCEANSIDE, CA 92057*

☎ *Phone: (760) 631-5000*

Fax: (760) 414-3892

🕒 *After Hours Phone: (760) 631-5000*

Provider Gender: Female

NPI: 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 IHP OF SOUTHERN CAL-PHP

📍 *4700 N RIVER RD OCEANSIDE, CA 92057*

☎ *Phone: (760) 631-5000*

Fax: (760) 414-3892

🕒 *After Hours Phone: (760) 631-5000*

Provider Gender: Female

NPI: 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: 303731

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 *517 N HORNE ST OCEANSIDE, CA 92054*

☎ *Phone: (760) 631-5000*

Fax: (760) 414-3892

🕒 *After Hours Phone: (760) 631-5000*

Provider Gender: Female

NPI: 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 IHP OF SOUTHERN CAL-PHP

📍 *818 PIER VIEW WAY OCEANSIDE, CA 92054*

☎ *Phone: (760) 631-5000*

Fax: (760) 414-3892

🕒 *After Hours Phone: (760) 631-5000*

Provider Gender: Female

NPI: 1457922957

☐ *Provider English Spoken: Y Cultural Competency: N*

































Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056</p> <p> Phone: (760) 547-1020</p> <p> Fax: (760) 547-1021</p> <p> After Hours Phone: (760) 547-1020</p> <p>Provider Gender: Female</p> <p>NPI: 1760707657</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p>	<p>547-1020</p> <p>Provider Gender: Female</p> <p>NPI: 1952740177</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>
<hr/> <p>OPTOMETRIST</p>		
<p>TRAN, JESSICA</p> <p>Provider ID: 304886</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 517 N HORNE ST OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000</p> <p> Fax: (760) 414-3892</p> <p> After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Female</p> <p>NPI: 1457922957</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL):</p>	<p>After Hours Phone: (760) 547-1020</p> <p>Provider Gender: Female</p> <p>NPI: 1760707657</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL):</p>	
	<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>	
<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<hr/> <p>OTOLARYNGOLOGY</p>	
<p>BLISS, MORGAN</p> <p>Provider ID: 206086</p>	<p>FRIESEN, TZYYNONG</p> <p>Provider ID: 244899</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056</p> <p> Phone: (760) 547-1020</p> <p> After Hours Phone: (760)</p>	<hr/> <p>OTOLARYNGOLOGY</p> <p>LEUIN, SHELBY</p> <p>Provider ID: 206111</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056</p> <p> Phone: (760) 547-1020</p> <p> Fax: (760) 547-1021</p> <p> After Hours Phone: (760) 547-1020</p> <p>Provider Gender: Female</p> <p>NPI: 1124230909</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


OTOLARYNGOLOGY

PATEL, VIJAY

Provider ID: 297036

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)
547-1020

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, VALLEY CHILDRENS
HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA

Provider ID: 303781

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056



 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)
547-1000

Provider Gender: Female

NPI: 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
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056



 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)
547-1020

Provider Gender: Male

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

CHOO, SUN

Provider ID: 296537
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021

After Hours Phone: (760) 547-1000

Provider Gender: Female
NPI: 1700047628

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

GORHAM, LAURA

Provider ID: 275786
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021

After Hours Phone: (760) 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
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021

After Hours Phone: (760) 547-1000

Provider Gender: Male
NPI: 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








KINGDON, JOANNA







Provider ID: 302319
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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

 Phone: (760) 547-1000
 Fax: (760) 547-1021
 After Hours Phone: (760)
 547-1000
 Provider Gender: Male
 NPI: 1881695914
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: No
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: SU 1PM-10PM
 M-F 4PM-10PM
 SA 1PM-10PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

Fax: (760) 547-1021
 After Hours Phone: (760)
 547-1020
 Provider Gender: Female
 NPI: 1477626513
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, Spanish
 Cultural Competency: N
 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

PARK, RONALD



Provider ID: 295456
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056

PEDIATRIC EMERGENCY MEDICINE

PARKER, SHERINE

Provider ID: 205787
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056
 Phone: (760) 547-1020

PEDIATRIC EMERGENCY MEDICINE

QUINONES-PEREZ, BIANCA

Provider ID: 206951
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 3605 VISTA WAY STE 172

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH NETWORK
📍 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
☎ Phone: (760) 547-1000

Fax: (760) 547-1021
🕒 After Hours Phone: (760) 547-1000
Provider Gender: Male
NPI: 1215564265
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TODD, SARAH

Provider ID: 302801
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
☎ Phone: (760) 547-1000
Fax: (760) 547-1021
🕒 After Hours Phone: (760) 547-1000
Provider Gender: Female

NPI: 1407299787
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA

Provider ID: 205813
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
☎ Phone: (760) 547-1000
Fax: (760) 547-1021
🕒 After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1083840920

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

VARGAS, JACLYN
Provider ID: 296485
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 Phone: (760) 547-1000
Fax: (760) 547-1021
 After Hours Phone: (760)
547-1000
Provider Gender: Female
NPI: 1619359718
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, Los Angeles General
Medical Center
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 GASTROENTEROLOGY

CHU, CHRISTOPHER
Provider ID: 301642
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 Phone: (760) 547-1020
Fax: (760) 547-1021
 After Hours Phone: (760)
547-1020
Provider Gender: Male
NPI: 1912369273
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish, Yue
Chinese
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN




DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

**LENHART-PENDERGRASS,
PATRICIA**
Provider ID: 294643
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 Phone: (760) 547-1020
Fax: (760) 547-1021
 After Hours Phone: (760)
547-1020
Provider Gender: Female
NPI: 1144615659
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network








PHYSICAL MEDICINE / REHABILITATION

RICHARDSON, HENRY

Provider ID: 295852
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3231 WARING CT STE K
OCEANSIDE, CA 92056
 *Phone: (760) 607-5350*
Fax: (760) 607-5365
 *After Hours Phone: (760) 607-5350*
Provider Gender: Male
NPI: 1407052459
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

PHYSICAL MEDICINE / REHABILITATION

RYAN, KYLE

Provider ID: 275661
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3605 VISTA WAY
OCEANSIDE, CA 92056
 *Phone: (760) 547-1020*
Fax: (760) 547-1021
 *After Hours Phone: (760) 547-1020*
Provider Gender: Male
NPI: 1447645742
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

RAMOS, ELENA

Provider ID: 301307
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
 *Phone: (760) 736-6767*

Fax: (760) 736-6744

 *After Hours Phone: (760) 736-6767*

Provider Gender: Female

NPI: 1306489570

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*





 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE

Provider ID: 302455
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 *Phone: (760) 547-1020*
Fax: (760) 547-1021
 *After Hours Phone: (760) 547-1020*
Provider Gender: Female
NPI: 1205381845
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: No
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PHYSICIANS ASSISTANT

WRIGHT, DEREK

Provider ID: 305530

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3231 WARING CT STE K
OCEANSIDE, CA 92056

 Phone: (760) 607-5350

Fax: (760) 607-5365

 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

IHP OF SOUTHERN CAL-PHP

 619 CROUCH ST STE 100
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 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

IHP OF SOUTHERN CAL-PHP

 619 CROUCH ST
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)

736-6767

Provider Gender: Male

NPI: 1518138049

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


KRAPES, MICHAEL

Provider ID: 290097

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

Provider Gender: Male


NPI: 1215233028


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

REGISTERED PHYSICAL THERAPIST

FARRAR, COURTNEY

Provider ID: 295874

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3231 WARING CT STE K
OCEANSIDE, CA 92056

Phone: (760) 607-5350

Fax: (760) 607-5365

After Hours Phone: (760)
607-5350

Provider Gender: Male

NPI: 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 ORTHOPEDIC

CIDAMBI, EMILY

Provider ID: 246469

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (858) 966-6789

Fax: (858) 966-8519

After Hours Phone: (858)
966-6789

Provider Gender: Female

NPI: 1659634699

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

SURGERY ORTHOPEDIC

PRUSS, ERIKA

Provider ID: 303798

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)
547-1020

Provider Gender: Female

NPI: 1538402441

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

SURGERY ORTHOPEDIC

UPASANI, VIDYADHAR

Provider ID: 260954

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)
547-1020

Provider Gender: Male

NPI: 1548417652

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):


N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
 IPA: Rady Childrens Health Network

IPA: Rady Childrens Health Network


Network

SURGERY PEDIATRIC

FAIRBANKS, TIMOTHY

Provider ID: 205498
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056

 Phone: (760) 547-1020
 Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

SURGERY PEDIATRIC

KLING, KAREN

Provider ID: 206129
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056

 Phone: (760) 547-1020
 Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


PERRIS


CERTIFIED NURSE

PRACTITIONER

BLAND, JACELIS

Provider ID: 296767
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 1675 N PERRIS BLVD STE G1
 PERRIS, CA 92571

 Phone: (760) 736-7676
 Fax: (760) 736-6744

 After Hours Phone: (760) 736-7676

Provider Gender: Female

NPI: 1801522859

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

POWAY

ANESTHESIOLOGY PAIN MANAGEMENT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

BROWNLOW, ROY

Provider ID: 308113

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

15725 POMERADO RD STE 201
POWAY, CA 92064

Phone: (760) 610-0522

Fax: (760) 610-0523

After Hours Phone: (760) 610-0522

Provider Gender: Male

NPI: 1205949914

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY

Provider ID: 308402

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

15725 POMERADO RD STE 201
POWAY, CA 92064

Phone: (760) 610-0522

Fax: (760) 610-0523

After Hours Phone: (760) 610-0522

Provider Gender: Male

NPI: 1205949914

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

JOHNSON, CHRISTINE

Provider ID: 295458

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

13010 POWAY RD
POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858) 218-3000

Provider Gender: Female

NPI: 1295049229

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PARADISE
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

WOLFE, AMANDA

Provider ID: 243582

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

15525 POMERADO RD STE B1
POWAY, CA 92064

Phone: (858) 457-8333

After Hours Phone: (858) 457-8333

Provider Gender: Female

NPI: 1063813475

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Russian, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

CERTIFIED NURSE PRACTITIONER

WRIGHT, KIMBERLY
 Provider ID: 256378
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 15611 POMERADO RD STE
 400
 POWAY, CA 92064
 Phone: (858) 675-3200
 Fax: (858) 673-1587
 After Hours Phone: (858)
 675-3200
 Provider Gender: Female
 NPI: 1811400708
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): IHP of Southern Cal-PHP
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

DERMATOLOGY

LIN, SHINKO
 Provider ID: 308217
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 15725 POMERADO RD STE
 102
 POWAY, CA 92064
 Phone: (619) 267-8303
 Fax: (619) 267-4835
 After Hours Phone: (619)
 267-8303
 Provider Gender: Female
 NPI: 1205130036
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F
 8:30AM-4:30PM
 Website: N/A
 IPA: Community Care IPA LLC,

DERMATOLOGY

LIN, SHINKO
 Provider ID: 306320
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 15725 POMERADO RD STE
 102
 POWAY, CA 92064
 Phone: (619) 267-8303
 Fax: (619) 267-4835
 After Hours Phone: (619)
 267-8303
 Provider Gender: Female
 NPI: 1205130036
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F
 8:30AM-4:30PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

FAMILY PRACTICE

FLINN, SCOTT
 Provider ID: 270054

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

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

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

FAMILY PRACTICE

NAJAND, SADAF

Provider ID: 270055

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
400

POWAY, CA 92064

Phone: (858) 675-3200

Fax: (858) 613-2938

After Hours Phone: (858)
675-3200

Provider Gender: Female

NPI: 1669769717

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

FAMILY PRACTICE

WHITE, KERI

Provider ID: 269491

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
400

POWAY, CA 92064

Phone: (858) 675-3200

Fax: (858) 613-2938

After Hours Phone: (858)
675-3200

Provider Gender: Female

NPI: 1295701159

Provider English Spoken: Y
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

INTERNAL MEDICINE

CHEN, ANDREW

Provider ID: 269315

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
400

POWAY, CA 92064

Phone: (858) 675-3100

Fax: (858) 613-2937

After Hours Phone: (858)
675-3100

Provider Gender: Male

NPI: 1134357007

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, PALOMAR
HEALTH, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

INTERNAL MEDICINE

THAPER, MOHINDERPAL

Provider ID: 270016

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
575
POWAY, CA 92064

Phone: (760) 489-1458

Fax: (760) 489-1246

After Hours Phone: (760)
489-1458

Provider Gender: Male

NPI: 1295795037

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi, Punjabi

Cultural Competency: N

Hospital Affiliation: PALOMAR
HEALTH, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

INTERVENTIONAL

CARDIOLOGY

BAYAT, HAMED

Provider ID: 269450

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
400

POWAY, CA 92064

Phone: (858) 675-3110

Fax: (858) 675-3110

After Hours Phone: (858)
675-3110

Provider Gender: Male

NPI: 1356344196

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: PALOMAR
HEALTH, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT,
Community Care IPA LLC

NEONATAL / PERINATAL

MEDICINE

SAUER, CHARLES

Provider ID: 206164

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

15615 POMERADO RD
POWAY, CA 92064

Phone: (858) 613-4143

Fax: (858) 613-4539

After Hours Phone: (858)
613-4143

Provider Gender: Male

NPI: 1538388988

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
PALOMAR MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, PALOMAR
HEALTH, SCRIPPS MEMORIAL
HOSPITAL, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

WEST, JULIE

Provider ID: 297072

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

15615 POMERADO RD
POWAY, CA 92064

Phone: (858) 613-4143
Fax: (858) 613-4539

After Hours Phone: (858)
613-4143

Provider Gender: 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
RADY CHILDRENS HEALTH
NETWORK

15706 POMERADO RD STE

110

POWAY, CA 92064

Phone: (858) 485-0130

Fax: (858) 485-9424

After Hours Phone: (858)
485-0130

Provider Gender: Male

NPI: 1851435598

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
HEALTH, SCRIPPS MEMORIAL
HOSPITAL, GROSSMONT

HOSPITAL, SHARP MEMORIAL
HOSPITAL, PALOMAR

MEDICAL CENTER, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 9AM-4:30PM
F 9AM-1PM

Website: N/A

IPA: Rady Childrens Health
Network

OPHTHALMOLOGY

LOZIER, JEFFREY

Provider ID: 270187

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
400

POWAY, CA 92064

Phone: (858) 675-3100

Fax: (858) 618-1523

After Hours Phone: (858)
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
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
400

POWAY, CA 92064

Phone: (858) 675-3140

Fax: (858) 613-2936

After Hours Phone: (858)
675-3140

Provider Gender: Female

NPI: 1457328825

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

CHATFIELD, ALEXANDRA

Provider ID: 276715
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 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

BRAZIER, SETH

Provider ID: 306398
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 15706 POMERADO RD STE
 102
 POWAY, CA 92064
 Phone: (858) 485-1494
 Fax: (858) 485-1515
 After Hours Phone: (858)
 485-1494
 Provider Gender: Male
 NPI: 1033554324
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: KAWEAH
 DELTA DISTRICT HOSP, SELMA
 COMMUNITY HOSPITAL,
 ADVENTIST MEDICAL
 CENTER, ADVENTIST MED CTR
 REEDLEY
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Rady Childrens Health

Network

PODIATRIST

HAN, KYOUNG

Provider ID: 296326
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 15706 POMERADO RD STE
 102
 POWAY, CA 92064
 Phone: (858) 485-1494
 Fax: (858) 485-1515
 After Hours Phone: (858)
 485-1494
 Provider Gender: Female
 NPI: 1083954671
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Japanese, Korean
 Cultural Competency: N
 Hospital Affiliation:
 SADDLEBACK MEMORIAL
 MED CTR, PALOMAR HEALTH,
 PALOMAR MEDICAL CENTER
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

PODIATRIST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

READ, TRENTON

Provider ID: 296656

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

15706 POMERADO RD STE
102
POWAY, CA 92064

Phone: (858) 485-1494
Fax: (858) 485-1515

After Hours Phone: (858)
485-1494

Provider Gender: Male
NPI: 1952963431

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network

PSYCHOLOGIST

VALLEZ-BARLAM, ANDREA

Provider ID: 290629

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE
400
POWAY, CA 92064

Phone: (858) 675-3150
Fax: (858) 924-1775

After Hours Phone: (858)
675-3150

Provider Gender: Female
NPI: 1033388616

Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Kannada,
Russian, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

RHEUMATOLOGY

REDDY, SMITHA

Provider ID: 269402

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

15725 POMERADO RD STE
117
POWAY, CA 92064

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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。


D. 專業提供者目錄

SCRIPPS GREEN HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


SURGERY GENERAL

GROVE, JAY

Provider ID: 305851

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 15611 POMERADO RD
POWAY, CA 92064

 Phone: (858) 675-3100

Fax: (858) 673-5187

 After Hours Phone: (858)
675-3100

Provider Gender: Male

NPI: 1912971334

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER, TRI CITY MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: Community Care IPA LLC

SURGERY ORTHOPEDIC


BALIKIAN, PHILIP

Provider ID: 119552

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

 15611 POMERADO RD STE
400

POWAY, CA 92064

 Phone: (858) 613-8900


Fax: (858) 618-1523

 After Hours Phone: (858)
613-8900

Provider Gender: Male

NPI: 1407803687

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Armenian, Italian,
Spanish, Vietnamese

Cultural Competency: N


Hospital Affiliation: PALOMAR


HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT,

Community Care IPA LLC

SURGERY ORTHOPEDIC

BALIKIAN, PHILIP

Provider ID: 257485


Board Certified Specialty: Yes

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 15611 POMERADO RD STE
400

POWAY, CA 92064

 Phone: (858) 613-8900


Fax: (858) 618-1523

 After Hours Phone: (858)
613-8900

Provider Gender: Male

NPI: 1407803687

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

HEALTH PLAN DIRECT,
Community Care IPA LLC

SURGERY ORTHOPEDIC

BRIED, JAMES

Provider ID: 269500

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

215 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
COMMUNITY CARE IPA LLC

215 211 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

CHIROPRACTOR

JIMENEZ, CLARIBEL

Provider ID: 307942

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

220 220 ROTANZI ST

RAMONA, CA 92065

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1801255484

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

WELLS, TODD

Provider ID: 299118

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

215 211 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
Website: N/A
IPA: Community Care IPA LLC

RIVERSIDE

PHYSICIANS ASSISTANT

DUARTE, ZULMA

Provider ID: 295431
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

8856 ARLINGTON AVE
RIVERSIDE, CA 92503
Phone: (951) 710-3970
Fax: (360) 462-5824

After Hours Phone: (951)
710-3970

Provider Gender: Female
NPI: 1245885912

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

NJIE, EMADE

Provider ID: 298710
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

8856 ARLINGTON AVE
RIVERSIDE, CA 92503

Phone: (951) 710-3970
Fax: (360) 462-5824

After Hours Phone: (951)
710-3970

Provider Gender: Female
NPI: 1881233229

Provider English Spoken: Y
Provider Language(s)
Spoken: French

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

SAN DIEGO

ADOLESCENT MEDICINE

CHELVAKUMAR, GAYATHRI

Provider ID: 296674
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

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
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (858) 657-8530

After Hours Phone: (858)
657-8530

Provider Gender: Female
NPI: 1346515442

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


ALLERGY IMMUNOLOGY

JAMES, CHRISTINE

Provider ID: 284917

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144589979

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


ALLERGY IMMUNOLOGY


RIEDL, MARC

Provider ID: 255768

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN STE 230
SAN DIEGO, CA 92122

 Phone: (858) 657-5350

 After Hours Phone: (858)
657-5350

Provider Gender: Male

NPI: 1285654889

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY


ALEXANDER, BRENTON


Provider ID: 242303

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1811366644

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

BECERRA SONGOLO, TOSHA

Provider ID: 300068

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group</p>	<p>IPA: UCSD Medical Group</p>	<p>IPA: UCSD Medical Group</p>
<u>ANESTHESIOLOGY</u>		
<p>BRUNO, KELLY Provider ID: 238903 Board Certified Specialty: No UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1891130993  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A</p>	<p>CANO, SARAH Provider ID: 200959 Board Certified Specialty: No UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1750517306  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A</p>	<p>CURRAN, BRIAN Provider ID: 239002 Board Certified Specialty: No UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1710373642  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>
<u>ANESTHESIOLOGY</u>		
		<p>FEJLEH, ASHLEY Provider ID: 269502 Board Certified Specialty: No UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 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
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1831166560

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

ENCINITAS, SADDLEBACK
MEMORIAL MED CTR, UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

HYLTON, DIANA

Provider ID: 241735

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1932527751

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

MEYER, MEGAN

Provider ID: 239607

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1720473044

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER



























Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

ANESTHESIOLOGY	ANESTHESIOLOGY	ANESTHESIOLOGY
<p>MILLAR, MELISSA <i>Provider ID: 201308</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103  <i>Phone: (619) 543-5754</i>  <i>After Hours Phone: (619) 543-5754</i> <i>Provider Gender: Female</i> <i>NPI: 1417361981</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p>NGUYEN, QUOC SY <i>Provider ID: 242188</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103  <i>Phone: (800) 926-8273</i>  <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Male</i> <i>NPI: 1871911644</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p> <i>Phone: (800) 926-8273</i>  <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Female</i> <i>NPI: 1427315118</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>
		<p>ANESTHESIOLOGY</p>
	<p>OSWALD, JESSICA <i>Provider ID: 239600</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103</p>	<p>SHAW, SUSANNA <i>Provider ID: 255316</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103  <i>Phone: (800) 926-8273</i>  <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Female</i> <i>NPI: 1063685477</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

SORIA, CLAIRE


Provider ID: 243294

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447516414

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY


SREJIC, UNA


Provider ID: 206383

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1588723860

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Stanford
Health Care, UCSF Medical

Center At Mission Bay, UCSF
MEDICAL CENTER AT MOUNT
ZION, UCSF MEDICAL

CENTER, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY


SUYDAM, STEVEN

Provider ID: 286569

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1386856821

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

SHARP MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

TRI CITY MEDICAL CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP CHULA VISTA MED

CTR, SHARP CHULA VISTA

MED CTR, SHARP CORONADO

HOSP AND HEALTHCARE CTR,

RADY CHILDRENS HOSPITAL

SAN DIEGO, SCRIPPS GREEN

HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

ANESTHESIOLOGY


TRIVEDI, SURAJ

Provider ID: 246749

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1699057885

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/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: 271682

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1003261595

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

TULLY, JEFFREY

Provider ID: 283689

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1871912493

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UC DAVIS
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

TZENG, ERIC

Provider ID: 284577

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1801258264

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

YODER, ANDREA

Provider ID: 272804

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W 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
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY CRITICAL

CARE MEDICINE

KRAUSE, MARTIN

Provider ID: 280539

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417243239

 Provider English Spoken: Y

 Provider Language(s)
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY PAIN

MANAGEMENT


CASTELLANOS, JOEL

Provider ID: 243553

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1700296514

 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

ANESTHESIOLOGY PAIN MANAGEMENT


DAIRO, BRANDON

Provider ID: 300089


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 *3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110*

 *Phone: (619) 325-1161*

Fax: (619) 325-1717

 *After Hours Phone: (619)
325-1161*

Provider Gender: Male

NPI: 1689092470

 *Provider English Spoken: Y*
Cultural Competency: N

*Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS*

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT


DAIRO, BRANDON

Provider ID: 299880

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 *3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110*

 *Phone: (619) 325-1161*

Fax: (619) 325-1717

 *After Hours Phone: (619)
325-1161*

Provider Gender: Male

NPI: 1689092470

 *Provider English Spoken: Y*
Cultural Competency: N

*Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS*

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CARDIAC ELECTROPHYSIOLOGY

HAN, FREDERICK

Provider ID: 210012

Board Certified Specialty: No

UCSD MEDICAL GROUP

 *16950 VIA TAZON
SAN DIEGO, CA 92127*

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male

NPI: 1427255967

 *Provider English Spoken: Y*
Cultural Competency: N

*Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL
CTR*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CARDIAC
ELECTROPHYSIOLOGY

HAN, FREDERICK
Provider ID: 210099
Board Certified Specialty: No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1427255967
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

ALANI, ANAS
Provider ID: 201252
Board Certified Specialty: Yes
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273

Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1154633709
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, ARROWHEAD REGIONAL
MEDICAL CENTER, LOMA
LINDA UNIVERSITY MED CTR,
RIVERSIDE COUNTY
REGIONAL MED CTR, LAC
RANCHO LOS AMIGOS
NATIONAL REHAB CENTER,
LOS ANGELES COUNTY
HARBOR UCLA MEDICAL
CENTER, LOS ANGELES
COUNTY HARBOR UCLA
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

CASTELLANOS, LUIS

Provider ID: 211764
Board Certified Specialty: No
UCSD MEDICAL GROUP
330 LEWIS ST FL 3
SAN DIEGO, CA 92103
Phone: (858) 657-8530
Fax: (619) 543-2287
After Hours Phone: (858) 657-8530
Provider Gender: Male
NPI: 1013059286
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, PIONEERS MEMORIAL
HOSPITAL, EL CENTRO
REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

CASTELLANOS, LUIS
Provider ID: 211765
Board Certified Specialty: No
UCSD MEDICAL GROUP
16950 VIA TAZON

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92127
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1013059286
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

LERNER, JONATHAN
Provider ID: 309267
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 412 WASHINGTON ST
SAN DIEGO, CA 92103
☎ Phone: (619) 616-2100
Fax: (619) 616-2104
📞 After Hours Phone: (619)

616-2100
Provider Gender: Male
NPI: 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

LERNER, JONATHAN
Provider ID: 303447
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
☎ Phone: (619) 616-2100
Fax: (619) 616-2104
📞 After Hours Phone: (619) 616-2100
Provider Gender: Male
NPI: 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
UCSD MEDICAL GROUP
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
☎ Phone: (800) 926-8273
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1851561021
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CARDIOVASCULAR DISEASE

PHREANER, NICHOLAS

Provider ID: 239946

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1023373040

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

PROHASKA, THOMAS

Provider ID: 299912

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861889644

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

SHEREV, DIMITRI

Provider ID: 301306

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6402 EL CAJON BLVD STE
100

SAN DIEGO, CA 92115

Phone: (619) 582-4490

Fax: (519) 582-4737

After Hours Phone: (619)
582-4490

Provider Gender: Male

NPI: 1154323996

Provider English Spoken: Y

Provider Language(s)
Spoken: Bulgarian, Russian,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,
GROSSMONT HOSPITAL,

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

CARDIOVASCULAR DISEASE

YEANG, CALVIN

Provider ID: 238822

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (858) 657-8530

After Hours Phone: (858)
657-8530

Provider Gender: Male

NPI: 1598011058

Provider English Spoken: Y

Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄


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: 277968

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

ARELLANO, JACQUELINE

Provider ID: 304137

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4910 DIRECTORS PL
SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

ARELLANO, JACQUELINE

Provider ID: 277967

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max 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: 277966

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Provider Language(s)*
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

ARELLANO, JACQUELINE

Provider ID: 304138

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1104129485

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N

Medi-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

CRAFT, KEVIN

Provider ID: 290942

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111


 *Phone: (858) 279-0925*

Fax: (858) 633-4680

 *After Hours Phone: (858)
279-0925*

Provider Gender: Male

NPI: 1659745610

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F
8:30AM-5:30PM*

SA 9AM-4PM

 *Website: N/A*

IPA: IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST


JULIAN, FIDES

Provider ID: 277699

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 330 LEWIS ST

SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*


Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1407401128

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Tagalog*

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304131

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 4910 DIRECTORS PL
SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*

Fax: (888) 539-8781


 *After Hours Phone: (800)
926-8273*


Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 277700

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 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
UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304132

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CERTIFIED ACUPUNCTURIST

LAM, KHANH

Provider ID: 295380

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)
325-1161

Provider Gender: Male

NPI: 1649594979

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, French,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

SEITZ, GRETCHEN

Provider ID: 246474

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

9995 CARMEL MOUNTAIN
RD STE B10-B11
SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 240-6470

After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1396876959

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TU
8:30AM-5:30PM
W 10AM-7PM

TH-F 8:30AM-5:30PM

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE

PRACTITIONER

AGUILA, YESENIA

Provider ID: 304624

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 115
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)
266-3332

Provider Gender: Female

NPI: 1245966092

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE

PRACTITIONER

ALSTEEN, STEPHANIE

Provider ID: 291389

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1013680982

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<hr/> CERTIFIED NURSE PRACTITIONER <hr/> AMOS, MARIA Provider ID: 291439 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 200 W ARBOR DR SAN DIEGO, CA 92103 ☎ Phone: (800) 926-8273 📠 Fax: (888) 539-8781 🕒 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1235891953 📄 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group	🕒 After Hours Phone: (844) 200-2426 Provider Gender: Female NPI: 1558058636 📄 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-6PM 🌐 Website: N/A IPA: Community Care IPA LLC	American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group
<hr/> CERTIFIED NURSE PRACTITIONER <hr/> ARVIZU, MARGARITA Provider ID: 307976 Board Certified Specialty: No COMMUNITY CARE IPA LLC 📍 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126 ☎ Phone: (844) 200-2426 📠 Fax: (619) 474-4008	<hr/> CERTIFIED NURSE PRACTITIONER <hr/> BAKER, TANYA Provider ID: 255625 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 4510 EXECUTIVE DR SAN DIEGO, CA 92121 ☎ Phone: (858) 534-8019 🕒 After Hours Phone: (858) 534-8019 Provider Gender: Female NPI: 1699184259 📄 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None	<hr/> CERTIFIED NURSE PRACTITIONER <hr/> BENARD, ROBERT Provider ID: 268229 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 200 W ARBOR DR SAN DIEGO, CA 92103 ☎ Phone: (800) 926-8273 📠 Fax: (888) 539-8781 🕒 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1184027724 📄 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

BILOTTA, NATALIE

Provider ID: 291418

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144809393

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RIVERSIDE
COMMUNITY HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

BROWN, VICTORIA

Provider ID: 307669

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1750033890

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

BROWN, VICTORIA

Provider ID: 307668

Board Certified Specialty: No
UCSD MEDICAL GROUP

350 DICKINSON ST
SAN DIEGO, CA 92103

Phone: (800) 922-6827

After Hours Phone: (800)
922-6827

Provider Gender: Female

NPI: 1750033890

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

BUENROSTRO, CHRISTINA

Provider ID: 243718

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1851749253

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

BUI, ANH

Provider ID: 304273

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1184309684

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BUI, ANH

Provider ID: 304272

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)

810-8700

Provider Gender: Male

NPI: 1184309684

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CAMARGO-LOWTHERS, ANGELICA

Provider ID: 295914

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

8010 FROST ST STE 220
SAN DIEGO, CA 92123

Phone: (858) 650-5000

Fax: (858) 636-2903

After Hours Phone: (858)
650-5000

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

Provider ID: 54944

Board Certified Specialty: No
BALBOA NEPHROLOGY MED
GRP INC

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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: 307993

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 8010 FROST ST STE 100
SAN DIEGO, CA 92123


 Phone: (858) 640-5000

Fax: (858) 636-2903

 After Hours Phone: (858)
640-5000

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


CAPOZZI, JENNIFER

Provider ID: 241031

Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1336258276

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


CHANTALA, ELIZABETH

Provider ID: 291305

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1942430442

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


CHAVEZ, ALEXANDRIA

Provider ID: 243357

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE 7
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1811543622

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): Board Certified Specialty: No
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**

CHEATHAM, BRITTANY

Provider ID: 291461

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W 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

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104173558

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

CHOATE, BERNADETTE

Provider ID: 286368

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1104173558

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max 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**


COLEMAN, PAGE

Provider ID: 304288

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)
280-2058

Provider Gender: Female

NPI: 1871365312

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

CONNER, PAMELA

Provider ID: 299930

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 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
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1609081710

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


CONNOR, CAROLINE

Provider ID: 279836

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6030 VILLAGE WAY
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1609081710

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


COSINO, ANJELICA

Provider ID: 201309

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN STE 220

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1679850671

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

DAVIS, JANET

Provider ID: 255796

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (619) 471-9250

Fax: (619) 471-9275

 After Hours Phone: (619)
471-9250

Provider Gender: Female

NPI: 1164616280


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

DE DIOS, SARAH JANE

Provider ID: 300051

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1528632742

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

DEL VECCHIO, MEGAN


Provider ID: 301725

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR
SAN DIEGO, CA 92121

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1437662863

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**

DEL VECCHIO, MEGAN

Provider ID: 301726

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1437662863

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


DEUTSCH, KAREN


Provider ID: 247981

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1740517127

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**


DEUTSCH, KAREN

Provider ID: 247980

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST FL 3
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1740517127

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

DOAN, ANGELA

Provider ID: 291425

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP
📍 4510 EXECUTIVE DR
SAN DIEGO, CA 92121
☎ Phone: (800) 926-8372
Fax: (888) 539-8781
🕒 After Hours Phone: (800)
926-8372
Provider Gender: Female
NPI: 1639638968
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

DRISCOLL, KARRIE
Provider ID: 286345
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1396085098

☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max 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
IHP OF SOUTHERN CAL-PHP
📍 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
COMMUNITY CARE IPA LLC

📍 4060 4TH AVE STE 310
SAN DIEGO, CA 92103

☎ Phone: (619) 297-4707
Fax: (858) 429-7927

🕒 After Hours Phone: (619)
297-4707

Provider Gender: Female
NPI: 1003260894

☐ Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

ECLARINO, GALELEO


Provider ID: 296764

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN
RD STE B1011
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 240-6470

 After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1518687748

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


CERTIFIED NURSE PRACTITIONER

ERICKSON, LISA

Provider ID: 278982

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1669442182

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

ERICKSON, LISA

Provider ID: 287444

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1669442182

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

FELD, KEREN

Provider ID: 297672

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE
SAN DIEGO, CA 92105





 Phone: (619) 563-0250

Fax: (858) 633-4681





 After Hours Phone: (619)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄








563-0250
 Provider Gender: Female
 NPI: 1730835083
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-2PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

FISHER, SLOANE
 Provider ID: 301585
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
 Provider Gender: Female
 NPI: 1538807003
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES
 Medi-Cal Open Panel: No








Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

GARTH, MELISSA
 Provider ID: 274053
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1689232977
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

GIORGI, ASHLEY
 Provider ID: 304877
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4290 POLK AVE
 SAN DIEGO, CA 92105
 Phone: (619) 563-0250
 Fax: (858) 633-4681
 After Hours Phone: (619) 563-0250
 Provider Gender: Female
 NPI: 1952174203
 Provider English Spoken: Y
 Cultural Competency: N
 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: 299467
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 8899 UNIVERSITY CENTER
 LN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

GOMEZ, LESLIE
Provider ID: 299466
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1528578713
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish
Cultural Competency: N

Medi-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: 299468
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1528578713
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-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



HA, THU
Provider ID: 293260
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 279-0925
Fax: (858) 633-4680
📞 After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1346443983
☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HA, THU
Provider ID: 293261
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 810-8700
Fax: (858) 633-4680
📞 After Hours Phone: (858)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄



810-8700
Provider Gender: Female
NPI: 1346443983
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE
PRACTITIONER




HARKNESS, RUMIKO
Provider ID: 208841
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4168 FRONT ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1487785093
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Japanese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE
PRACTITIONER

HAROUSH, GAL
Provider ID: 302475
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 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

IHP OF SOUTHERN CAL-PHP
 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
Fax: (619) 687-1067
 After Hours Phone: (619)
233-8500

Provider Gender: Female
NPI: 1316626344
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE
PRACTITIONER

HEAD, KRISTIN
Provider ID: 268656
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 7920 FROST ST STE 200
SAN DIEGO, CA 92123
 Phone: (858) 966-7484
Fax: (858) 966-4064
 After Hours Phone: (858)
966-7484
Provider Gender: Female
NPI: 1699078923
 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER


HEFNER, ANNA

Provider ID: 308420


Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 434-1613

 After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1588913537

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER


HILL, GENIELYN

Provider ID: 299144

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (619) 434-1613

 After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1710632435

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER


HILLIARD, THESALONICA

Provider ID: 284022

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426


Fax: (858) 578-4417

 After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1861956724

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

HOOPER, BONNIE

Provider ID: 307208

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

9095 RIO SAN DIEGO DR
STE 300

SAN DIEGO, CA 92108

Phone: (619) 298-9809

Fax: (619) 298-9823

After Hours Phone: (619)
298-9809

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

HOOPER, BONNIE

Provider ID: 275254

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

9339 GENESEE AVE STE
350

SAN DIEGO, CA 92121

Phone: (858) 454-4300

Fax: (858) 454-5088

After Hours Phone: (858)
454-4300

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA

Provider ID: 295392

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W 8:30AM-5:30PM

TH 8:30AM-8:30PM

F 8:30AM-5:30PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA

Provider ID: 295393

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL


CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):  Accessibility: CONTACT PROVIDER

 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

JONES, CHRISTA

Provider ID: 275563

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1396371431

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

KEMP, KATHRINE

Provider ID: 301276

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101


 Phone: (619) 645-6405

Fax: (619) 687-1067

 After Hours Phone: (619)
645-6405

Provider Gender: Female

NPI: 1316615313

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 293293

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1376840199

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 293294

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680


 After Hours Phone: (858)
810-8700

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1780334110


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA

Provider ID: 302427

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 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


LAFORTEZA, JOZELLE


Provider ID: 202666

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121


 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1538578307

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max 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: 301597

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 11770 BERNARDO PLAZA
CT STE 270

SAN DIEGO, CA 92128

 Phone: (858) 485-0554

Fax: (858) 429-7933

 After Hours Phone: (858)
485-0554

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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: 301600

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 3444 KEARNY VILLA RD
STE 201

SAN DIEGO, CA 92123

📞 Phone: (858) 430-1101

Fax: (858) 221-5049

🕒 After Hours Phone: (858)
430-1101

Provider Gender: Female

NPI: 1457670119

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 301601

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 3444 KEARNY VILLA RD
STE 202

SAN DIEGO, CA 92123

📞 Phone: (858) 430-1101

Fax: (858) 429-7929

🕒 After Hours Phone: (858)
430-1101

Provider Gender: Female

NPI: 1457670119

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 301603

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 4060 4TH AVE STE 310
SAN DIEGO, CA 92103

📞 Phone: (619) 297-4707

Fax: (858) 429-7927

🕒 After Hours Phone: (619)
297-4707

Provider Gender: Female

NPI: 1457670119

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

MANRIQUEZ, LISETTE

Provider ID: 307103

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 286 EUCLID AVE STE 302
SAN DIEGO, CA 92114

📞 Phone: (619) 662-4100

Fax: (619) 428-7952

🕒 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1760058911

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\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
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE
SAN DIEGO, CA 92103


 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)
234-2158

Provider Gender: Female

NPI: 1669087326

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

MARTINEZ, CAROLYN

Provider ID: 293345

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD
SAN DIEGO, CA 92154


 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619)
429-3733

Provider Gender: Female

NPI: 1609101997

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER


MEDINA, RUBELETA

Provider ID: 296673


Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN
RD STE B1011
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 240-6470

 After Hours Phone: (844)
200-2426

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, GRETTEL MARIE

Provider ID: 303202

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417


 After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1245652387


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-6PM*
F 8AM-5PM

 *Website: N/A*

IPA: Community Care IPA LLC


CERTIFIED NURSE **PRACTITIONER**

MICK, SHARON

Provider ID: 299647

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*
Fax: (888) 539-8781

 *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1891061966

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**


MICK, SHARON

Provider ID: 299649

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*
Fax: (888) 539-8781

 *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1891061966

 *Provider English Spoken: Y*
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


MICK, SHARON

Provider ID: 299648

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1891061966

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


MIDORO, ABEGAILLE

Provider ID: 303829

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 *Phone: (844) 200-2426*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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**

MIDORO, ABEGAILLE

Provider ID: 303828

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

☎ Phone: (844) 200-2426

Fax: (858) 536-8034

☎ After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1952925851

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE **PRACTITIONER**

MILLER, EVA

Provider ID: 255833

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 330 LEWIS ST
SAN DIEGO, CA 92103

☎ Phone: (619) 471-9210

☎ After Hours Phone: (619)
471-9210

Provider Gender: Female

NPI: 1043492523

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

MOHEBBI, ATHENA

Provider ID: 201325

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1952627176

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

MORAN, TIFFANY

Provider ID: 304275

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 2630 1ST AVE
SAN DIEGO, CA 92103
☎ Phone: (619) 234-2158
Fax: (619) 234-0206

🕒 After Hours Phone: (619)
234-2158

Provider Gender: Female
NPI: 1730730649

🗨 *Provider English Spoken: Y*
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

MULVEY, CAOILFHIONN

Provider ID: 291419

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1184386864

🗨 *Provider English Spoken: Y*

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🌐 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

NEJATI, FRESHTA

Provider ID: 214112

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1831598119

🗨 *Provider English Spoken: Y*
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max 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
UCSD MEDICAL GROUP

📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1336896232

🗨 *Provider English Spoken: Y*
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🌐 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

NETZEL, JENNIFER

Provider ID: 291346

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9333 GENESEE AVE
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1336896232

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

NETZEL, JENNIFER

Provider ID: 291347

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1336896232


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

NOVENO, HILARIO JR

Provider ID: 286912

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124486865

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish,
Tagalog


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max 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 JR


Provider ID: 286911

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124486865

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish,
Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max 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

O'CONNELL, STEFANY

Provider ID: 296846

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD
SAN DIEGO, CA 92154

 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619)
429-3733

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1386378479

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

OREJEL, EDITH

Provider ID: 296716

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1073278180

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM
TU 5:30PM-8:30PM
W 8:30AM-5:30PM
TH 5:30PM-8:30PM
F 8:30AM-5:30PM
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

OREJEL, EDITH

Provider ID: 296715

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1073278180

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM
TU 5:30PM-8:30PM

W 8:30AM-5:30PM

TH 5:30PM-8:30PM

F 8:30AM-5:30PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA

Provider ID: 282962

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 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 8:30AM-7PM

TH-F 8:30AM-5:30PM

Website: N/A

IPA: Community Care IPA LLC,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP of Southern Cal-PHP

**CERTIFIED NURSE
PRACTITIONER**

ORPILLA, IMELDA

Provider ID: 243506

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

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,

IHP of Southern Cal-PHP

**CERTIFIED NURSE
PRACTITIONER**

PAI, SARAH

Provider ID: 276870

Board Certified Specialty: No
UCSD MEDICAL GROUP

350 DICKINSON ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

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: 293249

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Male

NPI: 1073169769

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

**CERTIFIED NURSE
PRACTITIONER**

PATIAG, DANIEL

Provider ID: 293248

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1073169769

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


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**

PEREZ, ALLYSSA

Provider ID: 286223

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W 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
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1326638958

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


RAJAEI, NILOUFAR

Provider ID: 291437

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1275904047

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Persian


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**


RANDLE, CARRIE

Provider ID: 299296

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1558557348

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: NAVAL
MEDICAL CTR SD RBE, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health

Network


CERTIFIED NURSE **PRACTITIONER**


RIEGO, SUZANNE

Provider ID: 214477

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111

 Phone: (858) 292-7200

 After Hours Phone: (858)
292-7200

Provider Gender: Female

NPI: 1144453754

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

ROBERTSON, RACHAEL








Provider ID: 286940

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

UCSD MEDICAL GROUP




 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1659912327
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

RODENMEYER, EVE




Provider ID: 295956
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 Phone: (619) 280-2058
Fax: (858) 633-4682
 After Hours Phone: (619)


280-2058

Provider Gender: Female
NPI: 1225782022
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

ROSCOE, SYDNEY


Provider ID: 305039
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 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: IHP of Southern Cal-PHP,

UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

ROSCOE, SYDNEY

Provider ID: 305038
Board Certified Specialty: No
UCSD MEDICAL GROUP
 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: IHP of Southern Cal-PHP,
UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

ROSCOE, SYDNEY

Provider ID: 305037
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4510 EXECUTIVE DR
SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

926-8273
Provider Gender: Female
NPI: 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: IHP of Southern Cal-PHP, UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

ROSS, CRYSTAL
Provider ID: 287763
Board Certified Specialty: No
UCSD MEDICAL GROUP
 350 DICKINSON ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1548683378
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, GROSSMONT
HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

ROSS, CRYSTAL
Provider ID: 302559
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4290 POLK AVE
SAN DIEGO, CA 92105
 Phone: (619) 563-0250
Fax: (858) 633-4681
 After Hours Phone: (619) 563-0250
Provider Gender: Female
NPI: 1548683378
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, GROSSMONT
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
SA 8AM-2PM
 Website: N/A
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

ROSSI, CATHERINE
Provider ID: 291445
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1649934126
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

ROZO, JOSE
Provider ID: 300037

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1528787132

🗨 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

SABIN, NANCY

Provider ID: 293287

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925
Fax: (858) 633-4680

🕒 After Hours Phone: (858)
279-0925

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
IHP OF SOUTHERN CAL-PHP

📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700
Fax: (858) 633-4680

🕒 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1285732586

🗨 Provider English Spoken: Y

🗨 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

SANACORA, RACHEL

Provider ID: 297729

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105
☎ Phone: (619) 280-2905
Fax: (619) 283-1614

🕒 After Hours Phone: (619)

280-2905

Provider Gender: Female

NPI: 1548987985

🗨 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE **PRACTITIONER**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SANACORA, RACHEL

Provider ID: 297728

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1548987985

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE

Provider ID: 293285

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1619370475

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE

Provider ID: 293286

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1619370475

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE

Provider ID: 293258

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1225012842

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE







Provider ID: 293259

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄





SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 Fax: (858) 633-4680
 After Hours Phone: (858) 810-8700
 Provider Gender: Female
 NPI: 1225012842
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: IHP of Southern Cal-PHP




CERTIFIED NURSE PRACTITIONER

SEARS-WILEY, ELIZABETH
 Provider ID: 276851
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 350 DICKINSON ST
 SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1215394382
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD








MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

SELBY, BLAKE
 Provider ID: 246423
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 4510 EXECUTIVE DR
 SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1417194358
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

SELBY, BLAKE
 Provider ID: 256646
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 4520 EXECUTIVE DR
 SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1417194358
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**


SENA, TIFFANY

Provider ID: 300229

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 550 WASHINGTON ST STE
300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619)
297-5437

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
UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (858) 657-8530

 After Hours Phone: (858)
657-8530

Provider Gender: Female

NPI: 1639571292


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE **PRACTITIONER**


TAING, JENNIFER

Provider ID: 201573

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1649528357

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:


UNIVERSITY OF CALIFORNIA
IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

TALBOT, ADRIANNE

Provider ID: 278183

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST STE 1A
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1992048557

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


TOPPEN, LAURA

Provider ID: 215477

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1326563495


 *Provider English Spoken: Y
Cultural Competency: N*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

TREJO, ANA


Provider ID: 307672

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1033717194

 *Provider English Spoken: Y
Cultural Competency: N*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


TUCKER, LANIKA

Provider ID: 307659

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1477325181

 *Provider English Spoken: Y
Cultural Competency: N*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


TUCKER, LANIKA

Provider ID: 307657

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1477325181

 *Provider English Spoken: Y
Cultural Competency: N*


Medi-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

VIBAL-POASTER, MARIA

Provider ID: 205651

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 200 W ARBOR DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1376046680
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

WALDRUP, LARHONDA
Provider ID: 299260
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5888
Fax: (858) 966-7483
📞 After Hours Phone: (858) 966-5888
Provider Gender: Female
NPI: 1831627181
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY

CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

WHITEHURST, UNIQUE
Provider ID: 306075
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 286 EUCLID AVE STE 302
SAN DIEGO, CA 92114
☎ Phone: (619) 662-4100
Fax: (619) 428-7952
📞 After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1124800214
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 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
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1609450550
🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

ALFONSO, ALVIN
Provider ID: 256374
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
📞 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST


APPLEGET, JOSEPH

Provider ID: 239602

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1568980472

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RIVERSIDE
COMMUNITY HOSP


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


CERTIFIED REGISTERED NURSE ANESTHETIST


BARBA, ARNEL

Provider ID: 262186

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD



 286 EUCLID AVE STE 109
SAN DIEGO, CA 92114

 Phone: (619) 564-8249

 After Hours Phone: (619)
564-8249

Provider Gender: Male

NPI: 1750366928

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Imperial Health Holdings
Medical Group-SD

CERTIFIED REGISTERED NURSE ANESTHETIST


BAYLIS, CHRISTOPHER

Provider ID: 240763

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1174893358

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED REGISTERED NURSE ANESTHETIST


BILLINGTON, KATHERINE

Provider ID: 262246

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

 286 EUCLID AVE STE 109
SAN DIEGO, CA 92114

 Phone: (619) 564-8249

 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1205134301
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

BURROWS, TERENCE

Provider ID: 256694
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1023194560
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

DOLLAND, STEVEN

Provider ID: 280552
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1982059044
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: KERN MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max 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
UCSD MEDICAL GROUP
 200 W ARBOR DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780725556
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

GARCIA, CALVIN
Provider ID: 217365
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1427419944

☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

GONZALEZ, LISA
Provider ID: 299905
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1083254205
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR
Medi-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
UCSD MEDICAL GROUP
📍 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982133591

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

VINCENT, BERLIN

Provider ID: 291454

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1144987801

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

CHOI, NATHALIE

Provider ID: 301714

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1073241618

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER,

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL

Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE
SAN DIEGO, CA 92105
 Phone: (619) 563-0250
Fax: (858) 633-4681

 After Hours Phone: (619)
563-0250

Provider Gender: Female

NPI: 1588977151

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A




IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

GOODWIN, RACHEL



Provider ID: 210018

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GOODWIN, RACHEL



Provider ID: 210019

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

CERTIFIED REGISTERED
NURSE MIDWIFE


GREAR MANN, MELISSA


Provider ID: 210053

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1255384475


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N
UCSD MEDICAL GROUP

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED
NURSE MIDWIFE


GREAR MANN, MELISSA

Provider ID: 210052

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1255384475


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N
UCSD MEDICAL GROUP

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED
NURSE MIDWIFE


GUNTHER, HOPE


Provider ID: 210041

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1285667741

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N
UCSD MEDICAL GROUP

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED
NURSE MIDWIFE

HIRSCH, JENNIFER


Provider ID: 210058

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON


SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N
UCSD MEDICAL GROUP

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED
NURSE MIDWIFE

HIRSCH, JENNIFER

Provider ID: 210055

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

CERTIFIED REGISTERED NURSE MIDWIFE

HIRSCH, JENNIFER
Provider ID: 210054
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (619) 543-7878
📞 After Hours Phone: (619) 543-7878
Provider Gender: Female
NPI: 1891752069
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

NATHAN, CARLY
Provider ID: 301047
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1235670977

☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

NATHAN, CARLY
Provider ID: 301048




Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1235670977
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

CHIROPRACTOR

BUI, MAI
Provider ID: 289496
Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD
📍 10717 CAMINO RUIZ STE 137
SAN DIEGO, CA 92126
☎ Phone: (619) 692-3211
Fax: (619) 640-3211
📞 After Hours Phone: (619) 692-3211
Provider Gender: Female
NPI: 1780901264
☑ Provider English Spoken: Y
☑ Provider Language(s)






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

Spoken: Vietnamese
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 9AM-6PM
 W 9AM-6PM
 F 9AM-2PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP,
 Imperial Health Holdings
 Medical Group-SD

CHIROPRACTOR









BUI, MAI

Provider ID: 295791
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 5354 UNIVERSITY AVE STE
 3
 SAN DIEGO, CA 92105
 Phone: (619) 692-3211
 Fax: (619) 640-3211
 After Hours Phone: (619)
 692-3211
 Provider Gender: Female
 NPI: 1780901264
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 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
 IMPERIAL HEALTH HOLDINGS
 MEDICAL GROUP-SD
 5354 UNIVERSITY AVE STE
 3
 SAN DIEGO, CA 92105
 Phone: (619) 692-3211
 Fax: (619) 640-3211
 After Hours Phone: (619)
 692-3211
 Provider Gender: Female
 NPI: 1780901264
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings
 Medical Group-SD


CHIROPRACTOR

GILIBERTO, JOSEPH

Provider ID: 291546
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 9995 CARMEL MOUNTAIN
 RD STE D
 SAN DIEGO, CA 92129
 Phone: (844) 200-2426
 Fax: (619) 399-5959
 After Hours Phone: (844)
 200-2426
 Provider Gender: Male
 NPI: 1821463159
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

CHIROPRACTOR

GILIBERTO, JOSEPH

Provider ID: 291547
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 10737 CAMINO RUIZ STE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

235
SAN DIEGO, CA 92126
☎ Phone: (844) 200-2426
Fax: (619) 399-5959
🕒 After Hours Phone: (844)
200-2426
Provider Gender: Male
NPI: 1821463159
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

CHIROPRACTOR

LUU, DANIEL

Provider ID: 269883
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 4419 EUCLID AVE STE 105
SAN DIEGO, CA 92115
☎ Phone: (619) 287-1235
Fax: (619) 255-6406
🕒 After Hours Phone: (619)
287-1235
Provider Gender: Male
NPI: 1225108269
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M 10AM-6PM
TU 10AM-2PM
W 10AM-6PM
TH 10AM-2PM
F 10AM-6PM
🌐 Website: N/A
IPA: Community Care IPA LLC

CHIROPRACTOR

ROBINSON, DEAN

Provider ID: 300848
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 4290 POLK AVE
SAN DIEGO, CA 92105
☎ Phone: (619) 563-0250
Fax: (858) 633-4681
🕒 After Hours Phone: (619)
563-0250

Provider Gender: Male
NPI: 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
IHP OF SOUTHERN CAL-PHP
📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 279-0925
Fax: (858) 633-4680
🕒 After Hours Phone: (858)
279-0925

Provider Gender: Male
NPI: 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
IHP OF SOUTHERN CAL-PHP
📍 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Phone: (858) 750-2983

Fax: (858) 750-2984

 After Hours Phone: (858) 750-2983

Provider Gender: Female

NPI: 1285817569

 Provider English Spoken: Y

 Provider Language(s) Spoken: Romanian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, YUMA


REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

DERMATOLOGY

KANNAN, SWATI

Provider ID: 286287

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER LN STE 350

SAN DIEGO, CA 92122

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1508155227

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

DERMATOLOGY

KAUNITZ, GENEVIEVE


Provider ID: 285011

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER LN STE 350

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1053734905

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

DERMATOLOGY

KOZMA, BONITA


Provider ID: 269301

Board Certified Specialty: No


UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER LN STE 350

SAN DIEGO, CA 92122

 Phone: (858) 657-8322

Fax: (888) 539-8781

 After Hours Phone: (858) 657-8322

Provider Gender: Female

NPI: 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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD LA JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/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

LIN, SHINKO

Provider ID: 308736

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 5222 BALBOA AVE FL 5
SAN DIEGO, CA 92117


 Phone: (619) 267-8303

Fax: (619) 267-4835

 After Hours Phone: (619)
267-8303

Provider Gender: Female

NPI: 1205130036

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP


DERMATOLOGY

LIN, SHINKO

Provider ID: 308915

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 5222 BALBOA AVE FL 5
SAN DIEGO, CA 92117



 Phone: (619) 267-8303

Fax: (619) 267-4835

 After Hours Phone: (619)
267-8303

Provider Gender: Female

NPI: 1205130036

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

DERMATOLOGY

LIU, YUJIE

Provider ID: 308315

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1750944450

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

DERMATOLOGY


SHI, VERONICA

Provider ID: 271713


Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN STE 350

SAN DIEGO, CA 92122

 Phone: (858) 657-8322

Fax: (888) 539-8781

 After Hours Phone: (858)
657-8322

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1366897464

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

DERMATOLOGY


SINGH, GAURAV

Provider ID: 272612

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN STE 350

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: 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

DERMATOLOGY


STERN, MARLEIGH

Provider ID: 306888

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1710447883

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

DERMATOLOGY

ZUBAIR, RAHEEL

Provider ID: 306520

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 9339 GENESEE AVE STE
350

SAN DIEGO, CA 92121




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 Phone: (858) 454-4300
Fax: (858) 454-5088
 After Hours Phone: (858) 454-4300
Provider Gender: Male
NPI: 1326493024
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

EMERGENCY MEDICINE

AMANN, CHRISTOPHER

Provider ID: 270913
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1134326895
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, USC KENNETH

NORRIS JR CANCER
HOSPITAL, KECK HOSPITAL
OF USC, USC VERDUGO HILLS
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE


AUSTIN, ANDREA

Provider ID: 269291
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1811289093
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, GROSSMONT
HOSPITAL, Los Angeles
General Medical Center,
TEMECULA VALLEY HOSPITAL

INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


EMERGENCY MEDICINE

BAGBY, JESSICA

Provider ID: 271136
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093161473
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
IPA: UCSD Medical Group


EMERGENCY MEDICINE

BARRY, JEFFREY

Provider ID: 271130

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (855) 535-5864
Fax: (888) 539-8781

 After Hours Phone: (855)
535-5864

Provider Gender: Male

NPI: 1801207006

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE

BARRY, JEFFREY

Provider ID: 271132

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1801207006

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE


BARRY, JEFFREY

Provider ID: 271129

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1801207006

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE


BELLINGHAUSEN, AMY

Provider ID: 270333

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801206354

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UCSD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

BELLINGHAUSEN, AMY

Provider ID: 270334

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801206354

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SHARP
MEMORIAL HOSPITAL, UCSD


LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

BELLINGHAUSEN, AMY

Provider ID: 270336

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801206354

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SHARP
MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

CASTELLANO, TIFFANY

Provider ID: 301706

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1063893063

 Provider English Spoken: Y
Cultural Competency: N

Medi-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
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1063893063

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

CHEN, ALICE

Provider ID: 287430

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

CHEN, ALICE

Provider ID: 287428

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

COYNE, CHRISTOPHER

Provider ID: 303036

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (619) 543-7051
Fax: (619) 543-3115

☎ After Hours Phone: (619) 543-7051

Provider Gender: Male

NPI: 1043590169

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN
DIEGO, EL CENTRO

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

EMERGENCY MEDICINE

GUITTARD, JESSE
Provider ID: 239879
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-6400
After Hours Phone: (619) 543-6400
Provider Gender: Male
NPI: 1770979890
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

HERNANDEZ, CRISTINA
Provider ID: 242544
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273

After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 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
UCSD MEDICAL GROUP
200 W 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
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1205214442
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

EMERGENCY MEDICINE

KUTZ, CRAIG

Provider ID: 283845

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1598295925

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

LIOTTA, BENJAMIN

Provider ID: 285630

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1396270278

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-8PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

MCDANIEL, MICHELE

Provider ID: 246901

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1366761959

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

EMERGENCY MEDICINE

NOSTE, ERIN

Provider ID: 239797

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-6400

After Hours Phone: (619)
543-6400

Provider Gender: Female




NPI: 1871732214

Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE







NOSTE, ERIN


Provider ID: 239798
Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (858) 605-4441
 After Hours Phone: (858) 605-4441
Provider Gender: Female
NPI: 1871732214
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 8AM-10PM
M-F 8AM-5PM
SA 8AM-10PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE









PARK, JAY

Provider ID: 285607
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1366478372
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

PHAM, LILY

Provider ID: 304933
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 Phone: (619) 280-2905
Fax: (619) 283-1614
 After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1811423072
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

<p>EMERGENCY MEDICINE</p> <p>PHAM, LILY Provider ID: 304937 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-8800  After Hours Phone: (858) 966-8800 Provider Gender: Female NPI: 1811423072  Provider English Spoken: Y  Provider Language(s) Spoken: Vietnamese Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: Rady Childrens Health Network</p>	<p>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</p>	<p>MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/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>EMERGENCY MEDICINE</p> <p>RUDOLF, FRANCES Provider ID: 240159 Board Certified Specialty: No UCSD MEDICAL GROUP  200 W ARBOR DR</p>	<p>EMERGENCY MEDICINE</p> <p>SABHA, MAHMOUD Provider ID: 243441 Board Certified Specialty: No UCSD MEDICAL GROUP  16950 VIA TAZON SAN DIEGO, CA 92127  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1457747883  Provider English Spoken: Y  Provider Language(s) Spoken: Arabic Cultural Competency: N Hospital Affiliation: UCSD</p>	<p>EMERGENCY MEDICINE</p> <p>SLOANE, CHRISTIAN Provider ID: 209518 Board Certified Specialty: No UCSD MEDICAL GROUP  16950 VIA TAZON SAN DIEGO, CA 92127  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 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):</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


N

 **Accessibility: CONTACT PROVIDER**
 **Hours: M-F 8AM-5PM**
 **Website: N/A**
IPA: UCSD Medical Group




EMERGENCY MEDICINE

TANAKA, HIDEAKI

Provider ID: 240124
Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 **Phone: (800) 926-8273**
 **After Hours Phone: (800) 926-8273**
Provider Gender: Male
NPI: 1124280730

 **Provider English Spoken: Y**
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**
 **Hours: SU 8AM-8PM**
M-F 8AM-5PM
SA 8AM-8PM
 **Website: N/A**
IPA: UCSD Medical Group


EMERGENCY MEDICINE

YOU, ALAN

Provider ID: 269936
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 **Phone: (800) 926-8273**
Fax: (888) 539-8781




 **After Hours Phone: (800) 926-8273**

Provider Gender: Male
NPI: 1225425697

 **Provider English Spoken: Y**
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR



Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**
 **Hours: M-F 8AM-5PM**
 **Website: N/A**
IPA: UCSD Medical Group

EMERGENCY MEDICINE


YU, ELAINE

Provider ID: 301708
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 **Phone: (800) 926-8273**

Fax: (888) 539-8781

 **After Hours Phone: (800) 926-8273**



Provider Gender: Female
NPI: 1528564150

 **Provider English Spoken: Y**
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**
 **Website: N/A**
IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES

EKANAYAKE, PREETHIKA

Provider ID: 284813
Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103
 **Phone: (800) 926-8273**
Fax: (888) 539-8781

 **After Hours Phone: (800) 926-8273**

Provider Gender: Female
NPI: 1083922462

 **Provider English Spoken: Y**
 **Provider Language(s) Spoken: Sinhala, Spanish**

Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY METABOLISM DIABETES

EKANAYAKE, PREETHIKA

Provider ID: 284812

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1083922462

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Sinhala, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY METABOLISM DIABETES

JUANG, PATRICIA

Provider ID: 255605

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (858) 657-7298

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1265695795

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES

KULASA, KRISTEN

Provider ID: 255622

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (619) 543-6500

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932324175

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES

NAGELBERG, JODI



Provider ID: 287780

Board Certified Specialty: No
UCSD MEDICAL GROUP



 330 LEWIS ST
SAN DIEGO, CA 92103

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1720474141

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ENDOCRINOLOGY **METABOLISM DIABETES**

NAGELBERG, JODI

Provider ID: 287781

Board Certified Specialty: No
UCSD MEDICAL GROUP



 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


ENDOCRINOLOGY **METABOLISM DIABETES**

NAGELBERG, JODI

Provider ID: 287782

Board Certified Specialty: No
UCSD MEDICAL GROUP



 9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


ENDOCRINOLOGY **METABOLISM DIABETES**

NAGELBERG, JODI

Provider ID: 287779

Board Certified Specialty: No
UCSD MEDICAL GROUP



 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y
 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: UCSD Medical Group

ENDOCRINOLOGY **METABOLISM DIABETES**

SANTOS CAVAIOLA, TRICIA

Provider ID: 256091

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (858) 657-7298
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1518163799
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES

TANTISIRA, LALITA
Provider ID: 286323
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1508874298
🗣 Provider English Spoken: Y

🗣 Provider Language(s) Spoken: Thai
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/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 ANGELI
Provider ID: 299743
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
☎ Phone: (844) 200-2426
Fax: (619) 474-4008
🕒 After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1629480272
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP





ENDOCRINOLOGY

METABOLISM DIABETES

VALDEZ, KRYSTAL ANGELI
Provider ID: 299363
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
☎ Phone: (844) 200-2426
Fax: (619) 474-4008
🕒 After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1629480272
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

FAMILY PRACTICE


ALVAREZ-ESTRADA, MIGUEL

Provider ID: 301761
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
 Phone: (619) 662-4100
Fax: (619) 595-0258
 After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1588197826
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE








BELL, TRACY

Provider ID: 304813
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
Fax: (858) 633-4680
 After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1497821318
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 14\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE





BELL, TRACY

Provider ID: 304814
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
Fax: (858) 633-4680
 After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1497821318
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 14\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

BERNADETT, ALEX

Provider ID: 296740
Board Certified Specialty: No
UCSD MEDICAL GROUP
 10505 SORRENTO VALLEY RD STE 200
SAN DIEGO, CA 92121
 Phone: (858) 793-7860
Fax: (858) 436-1289
 After Hours Phone: (858) 793-7860
Provider Gender: Male
NPI: 1215382841
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

FAMILY PRACTICE

BERNADETT, ALEX


Provider ID: 296739

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6699 ALVARADO RD STE
2100

SAN DIEGO, CA 92120

 Phone: (619) 229-3909

Fax: (619) 229-3902

 After Hours Phone: (619)
229-3909

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


FAMILY PRACTICE

CAMPBELL, BRIANNA


Provider ID: 298950

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114


 Phone: (619) 662-4100

Fax: (619) 662-4158

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1316479892

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 10AM-4PM

M-F 8:30AM-5:30PM

SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE


CHEN, ALICE

Provider ID: 207167

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

FAMILY PRACTICE

CHEN, ALICE


Provider ID: 207164

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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): IPA: UCSD Medical Group

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

FAMILY PRACTICE

CHEN, ALICE

Provider ID: 207163

Board Certified Specialty: No
UCSD MEDICAL GROUP

9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1265810337

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

FAMILY PRACTICE

HILL, LINDA

Provider ID: 293210

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F
8:30AM-5:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

HILL, LINDA

Provider ID: 293211

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE


JOHN, TANNER


Provider ID: 303515


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 Fax: (619) 595-0258

 After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1043707326


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


FAMILY PRACTICE


JOLICOEUR, MEGAN

Provider ID: 300060

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

FAMILY PRACTICE


JOLICOEUR, MEGAN

Provider ID: 300057

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN STE 350
SAN DIEGO, CA 92122

 Phone: (858) 249-6890

 After Hours Phone: (858)
249-6890

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y
Cultural Competency: N

Medi-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: 300058

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9333 GENESEE AVE
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y
Cultural Competency: N

Medi-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
UCSD MEDICAL GROUP


 9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1114366192



 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
 UCSD MEDICAL GROUP
 200 W 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
 UCSD MEDICAL GROUP
 8899 UNIVERSITY CENTER

LN
 SAN DIEGO, CA 92122
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1205848363

 Provider English Spoken: Y
 Cultural Competency: N
 Medi-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
 IHP OF SOUTHERN CAL-PHP
 2630 1ST AVE
 SAN DIEGO, CA 92103
 Phone: (619) 234-2158
 Fax: (619) 234-0505
 After Hours Phone: (619) 234-2158

Provider Gender: Male


NPI: 1861637217

 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER




 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

PERESS, LILIA

Provider ID: 304277
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 Fax: (858) 633-4680
 After Hours Phone: (858) 279-0925

Provider Gender: Female

NPI: 1275945446

 Provider English Spoken: Y

 Provider Language(s) Spoken: Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PERESS, LILIA

Provider ID: 304276

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1275945446

Provider English Spoken: Y

Provider Language(s)
Spoken: Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

RISSER, JOSEPH

Provider ID: 293216

Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1952386765

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

RISSER, JOSEPH

Provider ID: 293217

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Male

NPI: 1952386765

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ROSADO, IVAN

Provider ID: 299244

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

316 25TH ST
SAN DIEGO, CA 92102

Phone: (619) 662-4100

Fax: (619) 238-3807

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1316479603

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU 8:30AM-5:30PM
M-F 8:30AM-5:30PM
SA 8:30AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SCOTT, LAGINA

Provider ID: 302648

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (619) 263-9601

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1558897009

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SUMMERS-DAY, COURTNEY

Provider ID: 290976

Board Certified Specialty: Yes

IHP OF SOUTHERN CAL-PHP

📍 1016 OUTER RD
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1124288873

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

VAN PRATT LEVIN, BENJAMIN

Provider ID: 302531

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 1016 OUTER RD
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

Provider Gender: Male

NPI: 1619438330

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

VO, PHU LUONG

Provider ID: 303332

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 4690 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1043849177

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE GERIATRIC

MEDICINE

MILLER, SCOTT

Provider ID: 271539

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 9878 CARMEL MOUNTAIN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP
📍 4520 EXECUTIVE DR STE 360
SAN DIEGO, CA 92121
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750339446
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

LUKACZ, EMILY
Provider ID: 256955
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 4168 FRONT ST
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1750339446
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

ANAND, GOBIND
Provider ID: 304187
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
☎ Phone: (800) 926-8273
☎ Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1861626814
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

ANAND, GOBIND
Provider ID: 272837
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ 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): Network

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

BAUMAN, LAURA

Provider ID: 260041

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

☎ Phone: (858) 966-4003

Fax: (858) 560-6798

🕒 After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1255697850

🗨 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
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
UCSD MEDICAL GROUP

📍 6655 ALVARADO RD
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1588081814

🗨 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

DAVE, SHRAVAN

Provider ID: 270450

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4510 EXECUTIVE DR STE 7
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1588081814

🗨 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

HASAN, AWS

Provider ID: 299951

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Male
 NPI: 1780047597
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: UCSD Medical Group

GASTROENTEROLOGY

HILDRETH, AMBER

Provider ID: 280464
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2
 SAN DIEGO, CA 92123
 Phone: (858) 966-4003
 Fax: (858) 560-6798
 After Hours Phone: (858) 966-4003

Provider Gender: Female
 NPI: 1548521511

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max 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

KUMAR, SOMA

Provider ID: 205377
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2 SOUTH
 SAN DIEGO, CA 92123
 Phone: (858) 966-4003
 Fax: (858) 560-6798
 After Hours Phone: (858) 966-4003

Provider Gender: Female
 NPI: 1356502520

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health

Network

GASTROENTEROLOGY

NOVO, MEGAN

Provider ID: 296066
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 115
 SAN DIEGO, CA 92114
 Phone: (619) 266-3332
 Fax: (619) 266-6000
 After Hours Phone: (619) 266-3332

Provider Gender: Female
 NPI: 1770961971


Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 Website: N/A
IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY


POLK, DAVID

Provider ID: 275449
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
 Phone: (760) 294-9260
Fax: (760) 294-9274
 After Hours Phone: (760) 294-9260

Provider Gender: Male

NPI: 1427140839


 Provider English Spoken: Y
Cultural Competency: N
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
IHP OF SOUTHERN CAL-PHP

 6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120



 Phone: (619) 599-4074

Fax: (619) 588-4004

 After Hours Phone: (619) 599-4074

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
ADVANCED ENDOSCOPY

CONSULTANTS INC

 6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120

 Phone: (619) 599-4074


Fax: (619) 588-4004

 After Hours Phone: (619) 599-4074

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
IHP OF SOUTHERN CAL-PHP

 292 EUCLID AVE STE 115
SAN DIEGO, CA 92114

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ 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

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

SHAH, SHAILJA

Provider ID: 304178

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 6655 ALVARADO RD

SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1073803243

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

SHAH, SHAILJA

Provider ID: 283896

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1073803243

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

TSAI, MATTHEW

Provider ID: 304196

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 6655 ALVARADO RD

SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1285051177

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

YOUSSEF, FADY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 300024
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1265887723

🗣 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

YOUSSEF, FADY

Provider ID: 304186
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 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

GENETICS CLINICAL

REIMERS, REBECCA

Provider ID: 294650
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

☎ Phone: (858) 966-6710
Fax: (858) 966-6711

🕒 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1801207634

🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health

Network

GENETICS CLINICAL

REIMERS, REBECCA

Provider ID: 302348
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 7920 FROST ST STE 200
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5840
Fax: (858) 966-8550

🕒 After Hours Phone: (858) 966-5840

Provider Gender: Female

NPI: 1801207634

🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No
Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health

Network

GENETICS MEDICAL

DELCAMPOCASANELLES, MIGUEL

Provider ID: 206013

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-5840

Fax: (858) 966-4064

After Hours Phone: (858) 966-5840

Provider Gender: Male

NPI: 1598141475

Provider English Spoken: Y

Provider Language(s) Spoken: French, Italian, Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

GENETICS MEDICAL

NIEMI, ANNA-KAISA

Provider ID: 307094

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-5840

Fax: (858) 966-8550

After Hours Phone: (858) 966-5840

Provider Gender: Female

NPI: 1497941397

Provider English Spoken: Y

Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

HEARING AID DEALER /

SUPPLIER

ANDERSON, ELAINE

Provider ID: 268691

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9340 CLAIREMONT MESA
BLVD STE D

SAN DIEGO, CA 92123

Phone: (858) 278-9911

Fax: (858) 565-7324

After Hours Phone: (858) 278-9911

Provider Gender: Female

NPI: 1063558856

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

HEARING AID DEALER /

SUPPLIER

ANDERSON, ELAINE

Provider ID: 268689

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6367 ALVARADO CT STE

101

SAN DIEGO, CA 92120

Phone: (619) 583-7002

Fax: (619) 583-9404

After Hours Phone: (619) 583-7002

Provider Gender: Female

NPI: 1063558856

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

DAVIS, KELLE

Provider ID: 268652
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 6367 ALVARADO CT STE
101
SAN DIEGO, CA 92120
 Phone: (619) 583-7002
Fax: (619) 583-9404
 After Hours Phone: (619)
583-7002
Provider Gender: Female
NPI: 1902853344
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A

IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

DAVIS, KELLE

Provider ID: 268653
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 9340 CLAIREMONT MESA
BLVD STE D
SAN DIEGO, CA 92123
 Phone: (858) 278-9911
Fax: (858) 565-7324
 After Hours Phone: (858)
278-9911

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC

HEMATOLOGY / ONCOLOGY

CHEN, YU-WEI

Provider ID: 303059
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1245694801

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY

LEE, KAREN

Provider ID: 284165
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
 Phone: (858) 966-5811
Fax: (858) 966-8035
 After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1518352970

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 274499

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


HEMATOLOGY / ONCOLOGY

NGUYEN, ANTHONY

Provider ID: 301060

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1295153575

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LOMA
LINDA UNIVERSITY MED CTR

Medi-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

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY STE
2W
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1427495894

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


HEMATOLOGY / ONCOLOGY

VU, PETER

Provider ID: 272716

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861810830

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY

ZHOU, JENNY

Provider ID: 273188

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
310
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1598007924

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / PATHOLOGY


WANG, HUAN YOU

Provider ID: 247585

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1689633729

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / PATHOLOGY

WANG, HUAN YOU

Provider ID: 247585

Board Certified Specialty: No

UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1689633729

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEPATOLOGY

BARMAN, PRANAB


Provider ID: 241953


Board Certified Specialty: No

UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE
315

SAN DIEGO, CA 92121


 Phone: (800) 826-5273

 After Hours Phone: (800)
826-5273

Provider Gender: Male

NPI: 1023301991

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HOSPICE AND PALLIATIVE MEDICINE

RUBENZI, TAMARA

Provider ID: 276671

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 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
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1811200652

☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

HOSPITALIST MD/DO

CHILDERS, DIANA
Provider ID: 275068
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1033128376
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

HOSPITALIST MD/DO

FIRESTEIN, CATHERINE
Provider ID: 275387
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1427348382
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

HOSPITALIST MD/DO	
HAMMOND, CHARLES Provider ID: 278588 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1033641816 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	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	
SHINDO, YURI Provider ID: 284743 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103	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
HOSPITALIST MD/DO	
TONG, ALEXANDER Provider ID: 300045 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800)	926-8273 Provider Gender: Male NPI: 1356804926 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group
INFECTIOUS DISEASE	
ALDOUS, JEANNETTE Provider ID: 290420 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 950 S EUCLID AVE SAN DIEGO, CA 92114 Phone: (619) 662-4100 Fax: (619) 205-6384 After Hours Phone: (619) 662-4100 Provider Gender: Female NPI: 1073650339 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

INFECTIOUS DISEASE

BAMFORD, LAURA

Provider ID: 276546
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4168 FRONT ST FL 3
SAN DIEGO, CA 92103
 *Phone: (619) 543-6382*
Fax: (888) 539-8781
 *After Hours Phone: (619) 543-6382*
Provider Gender: Female
NPI: 1750435996
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

INFECTIOUS DISEASE



DEISS, ROBERT

Provider ID: 258330

Board Certified Specialty: No
UCSD MEDICAL GROUP




 4168 FRONT ST FL 3
SAN DIEGO, CA 92103
 *Phone: (619) 543-3995*
 *After Hours Phone: (619) 543-3995*

Provider Gender: Male
NPI: 1194977652

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Portuguese, Spanish*

Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

INFECTIOUS DISEASE


HORTON, LUCY


Provider ID: 240887
Board Certified Specialty: No
UCSD MEDICAL GROUP



 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
 *After Hours Phone: (800)*

926-8273

Provider Gender: Female
NPI: 1427324821



 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP
 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

MARTIN, THOMAS

Provider ID: 277226

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1093193583

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INFECTIOUS DISEASE

MARTIN, THOMAS


Provider ID: 277225

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST FL 3
SAN DIEGO, CA 92103

 Phone: (619) 543-5890

Fax: (888) 539-8781

 After Hours Phone: (619)
543-5890

Provider Gender: Male

NPI: 1093193583

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INFECTIOUS DISEASE

MOODLEY, AMARAN


Provider ID: 208558

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

 Phone: (885) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (885)
966-7785

Provider Gender: Male

NPI: 1104023670


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

INFECTIOUS DISEASE


PANNARAJ, PIA

Provider ID: 301026

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

 Phone: (858) 966-7785

Fax: (858) 966-8658


 After Hours Phone: (858)
966-7785

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1942478524

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, HOLLYWOOD

PRESBYTERIAN MED CTR, RADY CHILDRENS HOSPITAL

SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


INFECTIOUS DISEASE

RAJAGOPAL, AMUTHA

Provider ID: 221088

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST FL 3
SAN DIEGO, CA 92103

 Phone: (619) 433-3995

 After Hours Phone: (619) 433-3995

Provider Gender: Female

NPI: 1124465745

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INFECTIOUS DISEASE

RAMIREZ SANCHEZ, CLAUDIA

Provider ID: 299946

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659720555

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group


INFECTIOUS DISEASE


TOVARPADUA, LEIDY

Provider ID: 265093

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1033491311

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, CHILDRENS HOSP OF
LOS ANGELES, LONG BEACH
MEMORIAL MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

INFECTIOUS DISEASE
TOVARPADUA, LEIDY Provider ID: 205357 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123 Phone: (858) 966-7785 Fax: (858) 966-8658 After Hours Phone: (858) 966-7785 Provider Gender: Female NPI: 1033491311 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
INTERNAL MEDICINE
ARUTYUNOV, BORIS

Provider ID: 201910 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (619) 471-9186 After Hours Phone: (619) 471-9186 Provider Gender: Male NPI: 1144562703 Provider English Spoken: Y Provider Language(s) Spoken: Russian Cultural Competency: N Hospital Affiliation: 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 IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 279-0925 Fax: (858) 633-4680 After Hours Phone: (858) 279-0925 Provider Gender: Male NPI: 1689646275 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8:30AM-5:30PM TU 8:30AM-8:30PM W-F 8:30AM-5:30PM SA 9AM-4PM Website: N/A IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE
BALL, SHELDON Provider ID: 294136 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 7011 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Provider Gender: Male NPI: 1689646275 Provider English Spoken: Y Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 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
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (760) 471-9186

Fax: (619) 543-8255

 After Hours Phone: (760)
471-9186

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


CHENG, GEORGE

Provider ID: 247639

Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1316174568

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

DJEKIC, KRISTINA

Provider ID: 286668

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1417343732


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

GRUNVALD, EDUARDO

Provider ID: 286344

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103




 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄





926-8273
Provider Gender: Male
NPI: 1497791339
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Portuguese,
Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE







GRUNVALD, EDUARDO
Provider ID: 286343
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1497791339
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

HASTIE, ELIZABETH
Provider ID: 291431
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W 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

INTERNAL MEDICINE

HOGARTH, MICHAEL
Provider ID: 214386
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1225019193
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Portuguese,
Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, UC DAVIS
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

JABBOUR, MOUSSA
Provider ID: 256659
Board Certified Specialty: No
UCSD MEDICAL GROUP


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1255741633

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


KATZ, YISRAEL

Provider ID: 272936

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1730507872


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (619) 543-6222

 After Hours Phone: (619)
543-6222

Provider Gender: Female

NPI: 1366855355

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Finnish, French,
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


LAGO HERNANDEZ, CARLOS

Provider ID: 238622

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1558756270

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

LAM, MICHAEL

Provider ID: 274410

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE
P2
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1578974259

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

LAM, MICHAEL

Provider ID: 274411

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1578974259

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

LEVERONE, NICHOLAS

Provider ID: 272692

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1407388564

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1801091459

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

MARTINEZ, ARMANDO

Provider ID: 291421
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1598261091

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

MUNCE, DANIELLE

Provider ID: 272577
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1740644509

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/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

NOKES, BRANDON

Provider ID: 287582
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1487040051

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

SEBASKY, MEGHAN

Provider ID: 273962
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-6222
Fax: (619) 543-8255

After Hours Phone: (619)
543-6222

Provider Gender: Female

NPI: 1538351408

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON




Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

SMITH, CHELSEY

Provider ID: 239920
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4168 FRONT ST
SAN DIEGO, CA 92103
 Phone: (858) 657-6110
 After Hours Phone: (858) 657-6110
Provider Gender: Female
NPI: 1013264506
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

TANTISIRA, LALITA



Provider ID: 275927

Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1508874298


 Provider English Spoken: Y
 Provider Language(s) Spoken: Thai
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

TANTISIRA, LALITA

Provider ID: 275926

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR
SAN DIEGO, CA 92121



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1508874298

 Provider English Spoken: Y
 Provider Language(s) Spoken: Thai
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

TAYLOR, DAVID

Provider ID: 274469

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1033572995

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

INTERNAL MEDICINE

THOMAS, ROBERT


Provider ID: 238929

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1053765909

 *Provider English Spoken: Y*


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

INTERNAL MEDICINE


WANG, ANGELA

Provider ID: 259535

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1730133976

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

INTERNAL MEDICINE

WANG, ANGELA


Provider ID: 259534

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121


 *Phone: (855) 355-5864*

Fax: (888) 539-8781

 *After Hours Phone: (855) 355-5864*

Provider Gender: Female

NPI: 1730133976

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

INTERNAL MEDICINE


WEBSTER, LUKE

Provider ID: 272681

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):  Website: N/A
N
IPA: UCSD Medical Group

 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
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346636453

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND
HEALTHCARE CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE


YANG, JENNY

Provider ID: 283027

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346636453

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND
HEALTHCARE CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY



THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

ZHANG, SHERRY

Provider ID: 272657

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1588198147

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
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
UCSD MEDICAL GROUP

 200 W ARBOR DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1093791014
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

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

📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1093791014
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE

BEGOVIC, ADNAN
Provider ID: 276291
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR STE 3-313
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273

INTERNAL MEDICINE CRITICAL CARE MEDICINE

BEGOVIC, ADNAN
Provider ID: 276290
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 555 WASHINGTON ST
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

INTERNAL MEDICINE CRITICAL CARE MEDICINE

BOROK, ZEA
Provider ID: 284704
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
☎ Phone: (800) 926-5273
Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ *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: 284706

Board Certified Specialty: No UCSD MEDICAL GROUP

📍 4168 FRONT ST

SAN DIEGO, CA 92103

☎ *Phone: (800) 926-5273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-5273*

Provider Gender: Female

NPI: 1750317251

☐ *Provider English Spoken: Y*

☐ *Provider Language(s) Spoken: Hebrew*

Cultural Competency: N

Hospital Affiliation: RONALD REAGAN UCLA MED CTR, Los Angeles General Medical

Center, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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 UCSD MEDICAL GROUP

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ *Phone: (800) 926-5273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-5273*

Provider Gender: Female

NPI: 1750317251

☐ *Provider English Spoken: Y*

☐ *Provider Language(s)*

Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RONALD REAGAN UCLA MED CTR, Los Angeles General Medical Center, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

IPA: UCSD Medical Group

INTERNAL MEDICINE

CRITICAL CARE MEDICINE

ODISH, MAZEN

Provider ID: 271467

Board Certified Specialty: No UCSD MEDICAL GROUP

📍 4168 FRONT ST

SAN DIEGO, CA 92103

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


INTERNAL MEDICINE CRITICAL CARE MEDICINE

ODISH, MAZEN

Provider ID: 271466
Board Certified Specialty: No
UCSD MEDICAL GROUP




 4520 EXECUTIVE DR STE
P2
SAN DIEGO, CA 92121
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1992141428

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR



Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE


ODISH, MAZEN

Provider ID: 271469
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781




 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1992141428

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


INTERNAL MEDICINE

CRITICAL CARE MEDICINE

TRAN, LINH


Provider ID: 271939
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
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
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1457770240

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL, EL
CENTRO REGIONAL MEDICAL
CENTER

Medi-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
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903

After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 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
COMMUNITY CARE IPA LLC

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Phone: (619) 616-2100
Fax: (619) 616-2104

After Hours Phone: (619) 616-2100

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y
Provider Language(s)

Spoken: Spanish, Swahili
Cultural Competency: N

Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
Adventist Health and Rideout
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 9AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC</p>	<p><u>INTERVENTIONAL</u></p> <p><u>CARDIOLOGY</u></p> <p>SHEREV, DIMITRI</p> <p>Provider ID: 302987</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p>	<p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 9AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>
<p><u>INTERVENTIONAL</u></p> <p><u>CARDIOLOGY</u></p> <p>MOHAMEDALI, BURHAN</p> <p>Provider ID: 309250</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 412 WASHINGTON ST SAN DIEGO, CA 92103</p> <p> Phone: (619) 616-2100</p> <p>Fax: (619) 616-2104</p> <p> After Hours Phone: (619) 616-2100</p> <p>Provider Gender: Male</p> <p>NPI: 1831393289</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish, Swahili</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR, Adventist Health and Rideout</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL):</p>	<p> 6402 EL CAJON BLVD STE 102 SAN DIEGO, CA 92115</p> <p> Phone: (619) 582-4490</p> <p>Fax: (619) 582-4737</p> <p> After Hours Phone: (619) 582-4490</p> <p>Provider Gender: Male</p> <p>NPI: 1154323996</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Bulgarian, Russian, Spanish</p> <p>Cultural Competency: N</p> <p>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</p> <p>Medi-Cal Open Panel: Yes</p>	<p><u>INTERVENTIONAL</u></p> <p><u>CARDIOLOGY</u></p> <p>SUDHAKAR, DEEPTHI</p> <p>Provider ID: 309096</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 412 WASHINGTON ST SAN DIEGO, CA 92103</p> <p> Phone: (619) 616-2100</p> <p>Fax: (619) 616-2104</p> <p> After Hours Phone: (619) 616-2100</p> <p>Provider Gender: Female</p> <p>NPI: 1811307051</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 15\99</p> <p>American Sign Language (ASL):</p>
<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 9AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC</p>	<p>Medi-Cal Open Panel: Yes</p>	<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 295844

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)
616-2100

Provider Gender: Female

NPI: 1811307051

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 296050

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)
616-2100

Provider Gender: Female

NPI: 1811307051

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\99

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

LICENSED PROFESSIONAL CLINICAL COUNSELOR

GARCIA, JENNI

Provider ID: 299310

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3025 BEYER BLVD
SAN DIEGO, CA 92154

Phone: (619) 662-4100

Fax: (619) 662-4119

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1437775863

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

LICENSED PROFESSIONAL CLINICAL COUNSELOR

NAKAMURA, TIFFANY

Provider ID: 239584

Board Certified Specialty: No
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE
315

SAN DIEGO, CA 92121

Phone: (858) 534-8019

After Hours Phone: (858)
534-8019

Provider Gender: Female

NPI: 1356846349

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


MATERNAL AND FETAL MEDICINE

ADAMI, REBECCA

Provider ID: 272670

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123


 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1992149447

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max 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
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123



 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1992149447

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

EMERUWA, UKACHI

Provider ID: 300011

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1245627421

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE

EMERUWA, UKACHI

Provider ID: 300012

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
 UCSD MEDICAL GROUP
 200 W 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
 UCSD MEDICAL GROUP
 4168 FRONT ST
 SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Provider Gender: Female
 NPI: 1770532707
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MEMORIAL
 HOSPITAL ENCINITAS,
 PALOMAR MEDICAL CENTER,
 SCRIPPS MEMORIAL
 HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/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

MEDICINE

MCCULLOUGH, DEIRDRE
 Provider ID: 210034
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3003 HEALTH CENTER DR
 SAN DIEGO, CA 92123
 Phone: (858) 966-6710
 Fax: (858) 939-4102
 After Hours Phone: (858)
 966-6710
 Provider Gender: Female
 NPI: 1639153018
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MARY BIRCH HOSP FOR
 WOMEN AND NEWBORNS,
 Sharp Grossmont Hospital,
 SHARP MEMORIAL HOSPITAL,
 RADY CHILDRENS HOSPITAL
 SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

MATERNAL AND FETAL MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

MCCULLOUGH, DEIRDRE

Provider ID: 277260

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1639153018

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
Sharp Grossmont Hospital,
SHARP MEMORIAL HOSPITAL,
RADY CHILDRENS HOSPITAL
SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

IPA: Rady Childrens Health
Network

Provider ID: 296990

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123


 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hungarian,
Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123

 Phone: (858) 966-6710


Fax: (858) 939-4102

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hungarian,
Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

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, UCSD Medical Group

MATERNAL AND FETAL MEDICINE

MELBER, DORA

Provider ID: 296998

Board Certified Specialty: No

MATERNAL AND FETAL MEDICINE

MELBER, DORA

MATERNAL AND FETAL MEDICINE

MELBER, DORA

Provider ID: 296994

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 220
SAN DIEGO, CA 92123

Phone: (858) 966-6710

After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)
Spoken: Hungarian,
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

MATERNAL AND FETAL MEDICINE

MELBER, DORA

Provider ID: 296989

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

7910 FROST ST STE 430
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)
Spoken: Hungarian,
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

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, UCSD Medical Group

MATERNAL AND FETAL MEDICINE

MOORE, THOMAS

Provider ID: 208643

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1184682379

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE

MOORE, THOMAS

Provider ID: 208644

Board Certified Specialty: No

UCSD MEDICAL GROUP

4910 DIRECTORS PL STE
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1184682379

Provider English Spoken: Y




Cultural Competency: N

Hospital Affiliation: UCSD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEDICAL CTR, SCRIPPS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA
Provider ID: 294648
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 220
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: Yes
RADY CHILDRENS HEALTH
NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1801207634


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


MATERNAL AND FETAL MEDICINE

RICHARDSON, ALVIE

Provider ID: 214436

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)
966-6710

Provider Gender: Male

NPI: 1154305977

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO, Sharp Grossmont
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

RICHARDSON, ALVIE

Provider ID: 277314

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Male

NPI: 1154305977


 Provider English Spoken: Y
Cultural Competency: N


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

RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Male

NPI: 1477563302

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, TRI CITY
MEDICAL CTR, Sharp

Grossmont Hospital, Sharp


Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max 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
RADY CHILDRENS HEALTH
NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123


 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)
966-6710

Provider Gender: Male

NPI: 1477563302

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, TRI CITY
MEDICAL CTR, Sharp

Grossmont Hospital, Sharp


Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER




















 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<u>MATERNAL AND FETAL MEDICINE</u>	<i>Provider ID: 277353 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i>	<u>MATERNAL AND FETAL MEDICINE</u>
<p>SHANNON, KELLI <i>Provider ID: 208474 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3003 HEALTH CENTER DR SAN DIEGO, CA 92123  Phone: (858) 966-6710 Fax: (858) 966-6711  After Hours Phone: (858) 966-6710 <i>Provider Gender: Female NPI: 1922156397</i></p> <p> <i>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</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-6710 Fax: (858) 966-6711  After Hours Phone: (858) 966-6710 <i>Provider Gender: Female NPI: 1760730758</i></p> <p> <i>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</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p>WESTERMANN, MELISSA <i>Provider ID: 287084 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i></p> <p> 7910 FROST ST STE 220 SAN DIEGO, CA 92123  Phone: (858) 966-6710 Fax: (858) 966-6711  After Hours Phone: (858) 966-6710 <i>Provider Gender: Female NPI: 1760730758</i></p> <p> <i>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</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>
<p><u>MATERNAL AND FETAL MEDICINE</u></p> <p>WESTERMANN, MELISSA</p>		

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

 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
RADY CHILDRENS HEALTH NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
 Phone: (858) 966-6710
Fax: (858) 939-4102

 After Hours Phone: (858)
966-6710


Provider Gender: Female
NPI: 1760730758

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
EARL AND LORRAINE MILLER
CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, SHARP
MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
Sharp Grossmont Hospital,
Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): CALIFORNIA PACIFIC MED
CTR, RADY CHILDRENS

 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
RADY CHILDRENS HEALTH
NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
 Phone: (858) 966-6710
Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710


Provider Gender: Female
NPI: 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,

HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max 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
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-6710
Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female
NPI: 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,


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。


D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 4910 DIRECTORS PL STE
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1497713846

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, PALOMAR
MEDICAL CENTER, UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


NEONATAL / PERINATAL MEDICINE


BAI-TONG, SHIYU

Provider ID: 283285

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

 After Hours Phone: (858)
966-5818

Provider Gender: Female

NPI: 1528454188

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)
966-5818

Provider Gender: Female

NPI: 1386928224

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL): N
IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


NEONATAL / PERINATAL MEDICINE


DELROSARIO, PAMELA

Provider ID: 295000

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

 After Hours Phone: (858)
966-5888

Provider Gender: Female

NPI: 1952691941

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


NEONATAL / PERINATAL MEDICINE

FLEMING, SARAH

Provider ID: 205645

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 4077 5TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 260-7046

Fax: (619) 686-3843

 After Hours Phone: (619)
260-7046

Provider Gender: Female

NPI: 1679809826

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL


MEDICINE

GLENN, TARA

Provider ID: 283159

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)
966-5818

Provider Gender: Female

NPI: 1992060974

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

HIETALATI, SAMANTHA








Provider ID: 294251

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


NETWORK

 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
 Phone: (858) 966-5888
Fax: (858) 249-5839
 After Hours Phone: (858)
966-5888
Provider Gender: Female
NPI: 1245617489
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

HONOLD, JOSE

Provider ID: 242881
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 4077 5TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 691-7000
 After Hours Phone: (619)
691-7000

Provider Gender: Male

NPI: 1093886855
 Provider English Spoken: Y
 Provider Language(s)
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
RADY CHILDRENS HEALTH

NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5818
Fax: (858) 966-7483
 After Hours Phone: (858)
966-5818
Provider Gender: Male
NPI: 1093886855
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PIONEERS MEMORIAL
HOSPITAL, SOUTHWEST
HEALTHCARE INLAND
VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, EL CENTRO
REGIONAL MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p><u>NEONATAL / PERINATAL MEDICINE</u></p> <p>LANE, BRIAN Provider ID: 205707 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-5818 Fax: (858) 966-7483  After Hours Phone: (858) 966-5818 Provider Gender: Male NPI: 1427129287  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL):</p>	<p>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><u>NEONATAL / PERINATAL MEDICINE</u></p> <p>LE, CRYSTAL Provider ID: 205630 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-5818 Fax: (858) 966-7483  After Hours Phone: (858) 966-5818 Provider Gender: Female NPI: 1003028416  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS</p>	<p><u>NEONATAL / PERINATAL MEDICINE</u></p> <p>MARC-AURELE, KRISHELLE Provider ID: 206206 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  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</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

American Sign Language (ASL): 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
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)
966-5818

Provider Gender: Female

NPI: 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


NEONATAL / PERINATAL MEDICINE

MARC-AURELE, KRISHELLE

Provider ID: 206210

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 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


NEONATAL / PERINATAL MEDICINE

MATOBA, NANA

Provider ID: 297974

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123



 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)
966-5888

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Japanese
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


NEONATAL / PERINATAL MEDICINE

MATOBA, NANA

Provider ID: 299894

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5888
Fax: (858) 966-7483

 After Hours Phone: (858)
966-5888

Provider Gender: Female

NPI: 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: 297975

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 4077 5TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 260-7046
Fax: (619) 686-3843

 After Hours Phone: (619)
260-7046

Provider Gender: Female

NPI: 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
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5818
Fax: (858) 966-7483

 After Hours Phone: (858)
966-5818

Provider Gender: Male

NPI: 1235304155


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


NEONATAL / PERINATAL MEDICINE


MESTAN, KAREN

Provider ID: 285932

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK





 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123




 Phone: (858) 966-5888




 After Hours Phone: (858)
966-5888

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network





NEONATAL / PERINATAL MEDICINE

NIEMI, ANNA-KAISA

Provider ID: 262157
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 *Phone: (858) 966-5818*
Fax: (858) 966-7483
 *After Hours Phone: (858) 966-5818*
Provider Gender: Female
NPI: 1497941397
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish*






NEONATAL / PERINATAL MEDICINE

NIEMI, ANNA-KAISA

Provider ID: 262158
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 4077 5TH AVE
 SAN DIEGO, CA 92103
 *Phone: (619) 260-7107*
 *After Hours Phone: (619) 260-7107*
Provider Gender: Female
NPI: 1497941397
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish*




NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE

Provider ID: 301822
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 4077 5TH AVE
 SAN DIEGO, CA 92103
 *Phone: (619) 260-7046*
Fax: (619) 686-3843
 *After Hours Phone: (619) 260-7046*
Provider Gender: Female
NPI: 1003260951
 *Provider English Spoken: Y*
 *Provider Language(s)*






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

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

NEONATAL / PERINATAL MEDICINE




NYMAN, KATHERINE




Provider ID: 301819
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
 *Phone: (858) 966-5888*
Fax: (858) 249-5839
 *After Hours Phone: (858) 966-5888*
Provider Gender: Female
NPI: 1003260951
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE





ODONNELL, F

Provider ID: 205578
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 966-5818*
Fax: (858) 966-7483
 *After Hours Phone: (858) 966-5818*
Provider Gender: Female
NPI: 1477625325
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,

SCRIPPS MERCY HOSPITAL 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
RADY CHILDRENS HEALTH NETWORK
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (619) 543-3759*
Fax: (619) 543-3812
 *After Hours Phone: (619) 543-3759*
Provider Gender: Male
NPI: 1205047545
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

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
RADY CHILDRENS HEALTH
NETWORK
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (619) 543-3759
Fax: (619) 543-3812
 After Hours Phone: (619)
543-3759
Provider Gender: Female
NPI: 1649433103
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE




SAUER, CHARLES

Provider ID: 303906
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 4077 5TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 260-7046
 After Hours Phone: (619)
260-7046
Provider Gender: Male
NPI: 1538388988
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
PALOMAR MEDICAL CENTER,

SCRIPPS MERCY HOSPITAL
CHULA VISTA, PALOMAR
HEALTH, SCRIPPS MEMORIAL
HOSPITAL, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

SAUER, CHARLES

Provider ID: 303904
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
 Phone: (858) 966-5888
Fax: (858) 249-5839
 After Hours Phone: (858)
966-5888
Provider Gender: Male
NPI: 1538388988

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄


 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL 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
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123
 *Phone: (858) 966-5818*
Fax: (858) 966-7483
 *After Hours Phone: (858) 966-5818*
Provider Gender: Male
NPI: 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 MEDICINE

SPEZIALE, MARK

Provider ID: 206126
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 *Phone: (858) 966-5888*
Fax: (858) 966-7483

 *After Hours Phone: (858) 966-5888*

Provider Gender: Male
NPI: 1801978143



 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

 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
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5818
Fax: (858) 966-7483


 After Hours Phone: (858) 966-5818


Provider Gender: Female
NPI: 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
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5818
Fax: (858) 966-7483


 After Hours Phone: (858) 966-5818

Provider Gender: Female
NPI: 1164572632

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE


VOLLER, STEPHANNIE

Provider ID: 303808
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
 Phone: (858) 966-5888
Fax: (858) 249-5839

 After Hours Phone: (858) 966-5888

Provider Gender: Female
NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

IPA: Rady Childrens Health
Network


NEONATAL / PERINATAL MEDICINE

VOLLER, STEPHANNIE

Provider ID: 303806
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5888
Fax: (858) 966-7483
 After Hours Phone: (858)
966-5888

Provider Gender: Female
NPI: 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
RADY CHILDRENS HEALTH
NETWORK

 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
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5818
Fax: (858) 966-7483

 After Hours Phone: (858)
966-5818

Provider Gender: Female
NPI: 1053541862

 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, UCSD Medical Group

NEONATAL / PERINATAL MEDICINE

WEST, JULIE

Provider ID: 297073
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123

 Phone: (858) 966-5888
Fax: (858) 249-5839

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

**BALBOA NEPHROLOGY MED
 GRP INC,**
 Provider ID: 308472
 IMPERIAL HEALTH HOLDINGS
 MEDICAL GROUP-SD
 8010 FROST ST STE 100
 SAN DIEGO, CA 92123
 Phone: (858) 637-4700
 Fax: (858) 637-4701
 After Hours Phone: (858)
 637-4700
 NPI: 1316997505
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: No
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM
 Website: www.balboacare.c
 om

NEPHROLOGY

QUEVEDO, JUAN
 Provider ID: 269998
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 995 GATEWAY CENTER
 WAY STE 207
 SAN DIEGO, CA 92102
 Phone: (619) 263-9729
 Fax: (619) 263-9730
 After Hours Phone: (619)
 263-9729
 Provider Gender: Male
 NPI: 1093902496

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, RIVERSIDE
 COMMUNITY HOSP
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-5PM

Website: N/A
 IPA: Community Care IPA LLC

NEPHROLOGY









SHAH, MITA
 Provider ID: 262230
 Board Certified Specialty: No
 IMPERIAL HEALTH HOLDINGS
 MEDICAL GROUP-SD
 8010 FROST ST STE 510
 SAN DIEGO, CA 92123
 Phone: (858) 637-4700
 Fax: (858) 637-4701
 After Hours Phone: (858)
 637-4700
 Provider Gender: Female
 NPI: 1194773010
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: Imperial Health Holdings
 Medical Group-SD

NEPHROLOGY








ZHONG, YAN
 Provider ID: 296054
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄








 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: 296053
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 4060 4TH AVE STE 220
SAN DIEGO, CA 92103
 Phone: (619) 299-2350
Fax: (619) 297-8379
 After Hours Phone: (619)
299-2350
Provider Gender: Female
NPI: 1467683540
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, LAC RANCHO
LOS AMIGOS NATIONAL
REHAB CENTER, SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR, KECK
HOSPITAL OF USC, Los
Angeles General Medical
Center, 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
UCSD MEDICAL GROUP
 4510 EXECUTIVE DR STE
325
SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 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

BUI, JONATHAN
Provider ID: 206005
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

8001 FROST ST
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-4930
After Hours Phone: (858) 966-5999
Provider Gender: Male
NPI: 1730247974
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

BUI, JONATHAN

Provider ID: 303227
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 966-4930
After Hours Phone: (858) 966-5819
Provider Gender: Male
NPI: 1730247974
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

COUGHLIN, DAVID

Provider ID: 304172
Board Certified Specialty: No
UCSD MEDICAL GROUP
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1740543784
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
IPA: UCSD Medical Group




























NEUROLOGY

COUGHLIN, DAVID

Provider ID: 240949
Board Certified Specialty: Yes
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1740543784
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p style="text-align: center;">NEUROLOGY</p> <p>COUGHLIN, DAVID Provider ID: 240951 Board Certified Specialty: No UCSD MEDICAL GROUP  200 W ARBOR DR SAN DIEGO, CA 92103  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1740543784  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>	<p style="text-align: center;">966-5819</p> <p>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</p>	<p>Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>
<p style="text-align: center;">NEUROLOGY</p> <p>DOVE, KATHERINE Provider ID: 302784 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK  3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123  Phone: (858) 966-5819 Fax: (858) 966-4930  After Hours Phone: (858)</p>	<p style="text-align: center;">NEUROLOGY</p> <p>DUNN-PIRIO, ANASTASIE Provider ID: 203235 Board Certified Specialty: No UCSD MEDICAL GROUP  200 W ARBOR DR FL 1 SAN DIEGO, CA 92103  Phone: (619) 543-3500 Fax: (888) 539-8781  After Hours Phone: (619) 543-3500 Provider Gender: Female NPI: 1700177136  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes</p>	<p style="text-align: center;">NEUROLOGY</p> <p>DUNN-PIRIO, ANASTASIE Provider ID: 304160 Board Certified Specialty: No UCSD MEDICAL GROUP  6655 ALVARADO RD SAN DIEGO, CA 92120  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1700177136  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group</p>
		<p style="text-align: center;">NEUROLOGY</p> <p>FREDERICK, ALIYA</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 283152
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 576-8412

After Hours Phone: (858) 966-5999

Provider Gender: Female
NPI: 1548657992

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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: 283335

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5999
Fax: (858) 576-8412

After Hours Phone: (858) 966-5999

Provider Gender: Male
NPI: 1568773984

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEUROLOGY

GOLD, JEFFREY

Provider ID: 303287

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL
4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858) 966-5819

Provider Gender: Male

NPI: 1568773984

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEUROLOGY

GUIDO-ESTRADA, NATALIE

Provider ID: 303271

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL
4

SAN DIEGO, CA 92123





Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858) 966-5819






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

Provider Gender: Female
NPI: 1528353521
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

NEUROLOGY






GUNDOGDU, MELEK




Provider ID: 201623
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
 Phone: (619) 543-3500
 After Hours Phone: (619)
543-3500
Provider Gender: Female
NPI: 1437253671
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Turkish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

NEUROLOGY






HANNAWI, ANDREW

Provider ID: 283154
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5999
Fax: (858) 576-8412
 After Hours Phone: (858)
966-5999
Provider Gender: Male
NPI: 1194179135
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD LA JOLLA JOHN
SALLY THORNTON, UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

NEUROLOGY

IRAGUIMADOZ, VICENTE

Provider ID: 304154
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6655 ALVARADO RD
SAN DIEGO, CA 92120
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1053326710
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 269923
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120
Phone: (619) 582-2595
After Hours Phone: (619) 582-2595
Provider Gender: Male
NPI: 1104922038
Provider English Spoken: Y
Provider Language(s) Spoken: Russian
Cultural Competency: N
Hospital Affiliation: 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

KIMMCMANUS, OLIVIA
Provider ID: 303229
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123

Phone: (858) 966-5819
Fax: (858) 966-4930
After Hours Phone: (858) 966-5819
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

LAVERTY, CHAMINDRA
Provider ID: 303258
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 966-4930
After Hours Phone: (858)

966-5819
Provider Gender: Female
NPI: 1538320395
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

LEE, DAVID
Provider ID: 304198
Board Certified Specialty: No
UCSD MEDICAL GROUP
6655 ALVARADO RD
SAN DIEGO, CA 92120
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1871884130
Provider English Spoken: Y
Provider Language(s) Spoken: Korean
Cultural Competency: N
Hospital Affiliation: UCSD



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: UCSD Medical Group



NEUROLOGY

LEE, DAVID

Provider ID: 246263
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1871884130


 Provider English Spoken: Y
 Provider Language(s)
Spoken: Korean


Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

NEUROLOGY

LONGARDNER, KATHERINE


Provider ID: 304197
Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1801215926

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


NEUROLOGY

LONGARDNER, KATHERINE

Provider ID: 268346

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1801215926

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

NEUROLOGY


QAYOUMI, WALI

Provider ID: 284370

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE
325

SAN DIEGO, CA 92121

 Phone: (619) 294-3746
Fax: (888) 539-8781

 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

QAYOUMI, WALI
 Provider ID: 304161
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 6655 ALVARADO RD
 SAN DIEGO, CA 92120
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
 926-8273
 Provider Gender: Male
 NPI: 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

RIGGINS, NINA
 Provider ID: 304200
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 6655 ALVARADO RD
 SAN DIEGO, CA 92120
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
 926-8273
 Provider Gender: Female
 NPI: 1568655264
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Russian
 Cultural Competency: N
 Hospital Affiliation: UCSF
 MEDICAL CENTER
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: UCSD Medical Group

NEUROLOGY

RIGGINS, NINA
 Provider ID: 285968
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 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: UCSF
 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

NEUROLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

SCHORR, EMILY

Provider ID: 305020

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

SCHORR, EMILY

Provider ID: 305023

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

SCHORR, EMILY

Provider ID: 305021

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

SWEAT, MARIE

Provider ID: 303831

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858)
966-5819

Provider Gender: Female

NPI: 1861929036

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY

YANG, JENNIFER

Provider ID: 301593

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 576-8412


After Hours Phone: (858)
966-5999

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1528420619

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


NEUROLOGY

ZIMBRIC, MICHAEL

Provider ID: 206272

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5999


Fax: (858) 966-4930

 After Hours Phone: (858)
966-5999

Provider Gender: Male

NPI: 1487819546

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

NEUROLOGY


ZIMBRIC, MICHAEL

Provider ID: 303284

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL
4

SAN DIEGO, CA 92123


 Phone: (858) 966-5819


Fax: (858) 966-4930

 After Hours Phone: (858)
966-5819

Provider Gender: Male

NPI: 1487819546

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


NEUROLOGY CHILD


GRAVES, JENNIFER

Provider ID: 261037

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1992849863

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

Medical Center At Mission Bay,
UCSF MEDICAL CENTER AT

MOUNT ZION, UCSF MEDICAL
CENTER, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH NETWORK

 8001 FROST ST
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4930

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1528353521

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


NEUROLOGY CHILD

SAHAGIAN, MICHELLE

Provider ID: 206074

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4930

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1275604035

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

NUCLEAR MEDICINE

SHARIF TABRIZI, AHMAD

Provider ID: 300028

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1053727313

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Providence
St Mary Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

NUCLEAR MEDICINE

SHARIF TABRIZI, AHMAD

Provider ID: 300027

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

ASLIAN, AZITA

Provider ID: 308270

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114


 Phone: (619) 662-4100
Fax: (619) 662-4158

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1851667661

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Faroese, Fataleka
Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center, Menifee
Global Medical Center,
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS


MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 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

BLAKE, GARY

Provider ID: 290731

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925
Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1497738439


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


OBSTETRICS / GYNECOLOGY

COHEN, MANSOUR


Provider ID: 205940

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH

NETWORK

 7695 CARDINAL CT STE
390

SAN DIEGO, CA 92123

 Phone: (858) 279-8111


Fax: (858) 279-4703

 After Hours Phone: (858)
279-8111

Provider Gender: Male

NPI: 1346225356

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Farsi,
Hebrew, Persian, Spanish
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP


MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 9AM-4PM

 Website: N/A

IPA: Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

DELCORE, LAURA

Provider ID: 291329

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1790128759

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

DEL CORE, LAURA

Provider ID: 291330
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1790128759

Provider English Spoken: Y

Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

DEL CORE, LAURA

Provider ID: 291326
Board Certified Specialty: No
UCSD MEDICAL GROUP

3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Phone: (800) 926-8273
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

DEL CORE, LAURA

Provider ID: 291327
Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1790128759

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

DEL CORE, LAURA

Provider ID: 291328
Board Certified Specialty: No
UCSD MEDICAL GROUP

6030 VILLAGE WAY
SAN DIEGO, CA 92130
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




926-8273
Provider Gender: Female
NPI: 1790128759
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group




OBSTETRICS / GYNECOLOGY

DRIEBE, AMY
Provider ID: 291339
Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1730507567
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY


DRIEBE, AMY
Provider ID: 291340
Board Certified Specialty: No
UCSD MEDICAL GROUP
 330 LEWIS ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273



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
UCSD MEDICAL GROUP


 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1730507567
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

DRIEBE, AMY
Provider ID: 291338
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6030 VILLAGE WAY
SAN DIEGO, CA 92130
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1730507567
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
COMMUNITY CARE IPA LLC

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (619) 400-5074

 After Hours Phone: (619)
400-5074

Provider Gender: Female

NPI: 1578729315

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

OBSTETRICS / GYNECOLOGY


GROGAN, BRIAN

Provider ID: 296002

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4682

 After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1235218439

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN

Provider ID: 296001

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Male

NPI: 1235218439

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

GUPTA, PRATIMA


Provider ID: 257547

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

GUPTA, PRATIMA

Provider ID: 257548

Board Certified Specialty: No
UCSD MEDICAL GROUP


 4168 FRONT ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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


OBSTETRICS / GYNECOLOGY

HARVEY, SCOTT

Provider ID: 278915

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1457662868

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OBSTETRICS / GYNECOLOGY

HARVEY, SCOTT

Provider ID: 278917

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1457662868

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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
UCSD MEDICAL GROUP

 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *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
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
 *After Hours Phone: (800)*
926-8273
Provider Gender: Female
NPI: 1972047397
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY









KLEIN, DAVID

Provider ID: 271560
Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 *Phone: (800) 926-8273*
 *After Hours Phone: (800)*
926-8273
Provider Gender: Male
NPI: 1780073635
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*

 *Website: N/A*
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

KLEIN, DAVID

Provider ID: 271561
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6030 VILLAGE WAY
SAN DIEGO, CA 92130
 *Phone: (800) 926-8273*
 *After Hours Phone: (800)*
926-8273
Provider Gender: Male
NPI: 1780073635
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

KOHATSU, KAREN

Provider ID: 205481
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

11939 RANCHO BERNARDO RD STE 110 SAN DIEGO, CA 92128

Phone: (858) 618-1156

Fax: (858) 618-3314

After Hours Phone: (858) 618-1156

Provider Gender: Female

NPI: 1679517239

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH
8:30AM-4:30PM
F 8:30AM-2PM

Website: N/A

IPA: Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

LAMALE-SMITH, LEAH

Provider ID: 285519

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1396904876

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, EISENHOWER MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

LAMALE-SMITH, LEAH

Provider ID: 208681

Board Certified Specialty: No
UCSD MEDICAL GROUP

4910 DIRECTORS PL STE
200
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1396904876

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, EISENHOWER MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

MACKAY, GILLIAN

Provider ID: 200965

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1770702177

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


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

UCSD MEDICAL GROUP

 6030 VILLAGE WAY
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

MANI, PARVIN


Provider ID: 242345

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 5555 RESERVOIR DR STE
208

SAN DIEGO, CA 92120


 Phone: (619) 583-7555

Fax: (619) 583-0555

 After Hours Phone: (619)
583-7555

Provider Gender: Female

NPI: 1518925015

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Faroese, Farsi

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,
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
UCSD MEDICAL GROUP

 200 W 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
UCSD MEDICAL GROUP


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




 4168 FRONT ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1467585521
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

MELENDEZ, ARIANA
Provider ID: 299922
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1295232973

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group




OBSTETRICS / GYNECOLOGY




MELENDEZ, ARIANA
Provider ID: 299921
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4168 FRONT ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1295232973

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

PICKETT, CHARLOTTE

Provider ID: 299981
Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1447530696

 Provider English Spoken: Y
Cultural Competency: N
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
UCSD MEDICAL GROUP
 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


PICKETT, CHARLOTTE

Provider ID: 299978

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


PICKETT, CHARLOTTE

Provider ID: 299979

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


PICKETT, CHARLOTTE

Provider ID: 299980

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6030 VILLAGE WAY
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

RIVAS, RENEE

Provider ID: 284298

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1295263861

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SHUCKETT, ARIEL

Provider ID: 290708

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1245590124

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

SUYAMA, JULIE

Provider ID: 284291

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1306372800

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

SUYAMA, JULIE

Provider ID: 284290

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE
360

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1306372800

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

THOMSON, SAMANTHA

Provider ID: 285174

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: CEDARS
SINAI MEDICAL CENTER,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

THOMSON, SAMANTHA

Provider ID: 285176

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689013468

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


TRUJILLO, JENNIFER

Provider ID: 290128


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114


 Phone: (619) 662-4100

Fax: (619) 662-4158

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 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


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

UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (619) 471-9210

 After Hours Phone: (619) 471-9210

Provider Gender: Male


NPI: 1205989985

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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

UCSD MEDICAL GROUP

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OCCUPATIONAL MEDICINE


KIM, JOHN

Provider ID: 255385

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (619) 471-9210

 After Hours Phone: (619)
471-9210

Provider Gender: Male

NPI: 1114102639


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST


BOND, KIMBERLEE

Provider ID: 206549

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1669770939

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST

BOND, KIMBERLEE

Provider ID: 206548

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER
LN STE 200
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1669770939

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST

LARSEN, JULIE

Provider ID: 258359

Board Certified Specialty: No
UCSD MEDICAL GROUP

 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST


MIKUT, ALYSSA

Provider ID: 258415

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER
LN STE 200

SAN DIEGO, CA 92122

 Phone: (858) 249-0832

Fax: (858) 657-1809

 After Hours Phone: (858)
249-0832

Provider Gender: Female

NPI: 1952816134

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OPHTHALMOLOGY

BANSAL, PREETI

Provider ID: 205620

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 200
SAN DIEGO, CA 92123


 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL
HOSPITAL, TRI CITY MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

OPHTHALMOLOGY

BAXTER, SALLY

Provider ID: 272788

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1912325184

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY

BAXTER, SALLY

Provider ID: 272789

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD MEDICAL GROUP

200 W ARBOR DR STE 101
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1912325184

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

UCSD MEDICAL GROUP

200 W 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

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1104237353

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)
309-7702

Provider Gender: Male

NPI: 1326300377

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


OPHTHALMOLOGY

GUALTIERI, CHRISTOPHER

Provider ID: 252313

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

 3969 4TH AVE STE 300
SAN DIEGO, CA 92103


 Phone: (619) 688-2648

Fax: (619) 688-2626

 After Hours Phone: (619)
688-2648

Provider Gender: Male

NPI: 1790769156

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


OPHTHALMOLOGY

HENNEIN, LAUREN


Provider ID: 297009

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 200
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


OPHTHALMOLOGY

HENNEIN, LAUREN


Provider ID: 297011

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123


 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

OPHTHALMOLOGY


HUYNH, PAUL

Provider ID: 245200

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 4844 UNIVERSITY AVE STE
A







SAN DIEGO, CA 92105

 Phone: (619) 283-1303

Fax: (619) 283-1666

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 After Hours Phone: (619) 283-1303
 Provider Gender: Male
 NPI: 1871577056
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog, Vietnamese
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPHTHALMOLOGY





HUYNH, PAUL

Provider ID: 295645
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4844 UNIVERSITY AVE STE A
 SAN DIEGO, CA 92105
 Phone: (619) 283-1303
 Fax: (619) 283-1666
 After Hours Phone: (619) 283-1303

Provider Gender: Male
 NPI: 1871577056
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog, Vietnamese
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPHTHALMOLOGY






JACOBSEN, BRADLEY

Provider ID: 302869
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7695 CARDINAL CT STE 100
 SAN DIEGO, CA 92123
 Phone: (858) 609-7100
 Fax: (858) 609-7106
 After Hours Phone: (858) 609-7100
 Provider Gender: Male
 NPI: 1760845184
 Provider English Spoken: Y

Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

KHATIB, NORA

Provider ID: 305375
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4060 4TH AVE STE 640
 SAN DIEGO, CA 92103
 Phone: (619) 642-2240
 Fax: (619) 642-2245
 After Hours Phone: (619) 642-2240
 Provider Gender: Female
 NPI: 1538487756
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, GROSSMONT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


OPHTHALMOLOGY


KLINE, LANNING

Provider ID: 239915

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1841227477

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OPHTHALMOLOGY

LI, ALEXANDRIA

Provider ID: 272833

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1841652864

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, SCRIPPS GREEN

HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OPHTHALMOLOGY


LIU, YUNXIANG

Provider ID: 210803

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 200
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

 After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1770849804

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

OPHTHALMOLOGY








MOLL, ANGELA

Provider ID: 205510

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK









請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 200
SAN DIEGO, CA 92123
 Phone: (858) 309-7702
 After Hours Phone: (858)
309-7702
Provider Gender: Male
NPI: 1497792220
 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, UCSD Medical Group






OPHTHALMOLOGY

OHALLORAN, HENRY
Provider ID: 205888
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 200
SAN DIEGO, CA 92123
 Phone: (858) 309-7702
Fax: (858) 966-7403
 After Hours Phone: (858)
309-7702




Provider Gender: Male
NPI: 1235287947
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

OPHTHALMOLOGY

PHAN, RYAN
Provider ID: 295647
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4844 UNIVERSITY AVE STE
A
SAN DIEGO, CA 92105
 Phone: (619) 283-1303
Fax: (619) 283-1666
 After Hours Phone: (619)
283-1303
Provider Gender: Male
NPI: 1588027213
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

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
 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
 COMMUNITY CARE IPA LLC
 4844 UNIVERSITY AVE STE
 A
 SAN DIEGO, CA 92105
 *Phone: (619) 283-1303*
Fax: (619) 283-1666
 *After Hours Phone: (619)*
 283-1303
Provider Gender: Male
NPI: 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):
 *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
 IHP OF SOUTHERN CAL-PHP
 10737 CAMINO RUIZ
 SAN DIEGO, CA 92126
 *Phone: (858) 549-3200*
Fax: (858) 549-3207
 *After Hours Phone: (858)*
 549-3200
Provider Gender: Male
NPI: 1588027213
 *Provider English Spoken: Y*
 *Provider Language(s)*
 Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR, GROSSMONT HOSPITAL,
 SCRIPPS MEMORIAL
 HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
 N
 *Accessibility: CONTACT*
 PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP




OPHTHALMOLOGY

PHAN, RYAN

Provider ID: 305445
Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 10737 CAMINO RUIZ STE
 100
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

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
COMMUNITY CARE IPA LLC
 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









PUIG LLANO, MANUEL

Provider ID: 299964
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4060 4TH AVE STE 610
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
 Provider Gender: 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

SATTERFIELD, KELLIE

Provider ID: 305302
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 5330 CARROLL CANYON
RD STE 210
SAN DIEGO, CA 92121
 Phone: (858) 450-1010
 Fax: (858) 450-9451
 After Hours Phone: (858)
450-1010
 Provider Gender: Female
 NPI: 1629509336
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

SHEILS, CATHERINE

Provider ID: 305305

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

5330 CARROLL CANYON
RD STE 210

SAN DIEGO, CA 92121

Phone: (858) 450-1010

Fax: (858) 450-9451

After Hours Phone: (858)
450-1010

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, SHARP
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

IHP OF SOUTHERN CAL-PHP

3939 3RD AVE

SAN DIEGO, CA 92103

Phone: (800) 765-2737

Fax: (619) 291-6577

After Hours Phone: (800)
765-2737

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, SHARP
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
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

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, 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,
UCSD Medical Group

OPHTHALMOLOGY

SONG, DELU

Provider ID: 302872

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123

Phone: (858) 609-7100

Fax: (858) 609-7106

After Hours Phone: (858)
609-7100

Provider Gender: Male

NPI: 1437689536

Provider English Spoken: Y
Provider Language(s)




Spoken: Chinese, Mandarin
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP,
UCSD Medical Group

OPHTHALMOLOGY


YAMADA, KENTARO




Provider ID: 295848
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1040 UNIVERSITY AVE STE
B209A
SAN DIEGO, CA 92103
 Phone: (619) 299-1100
Fax: (619) 299-7156
 After Hours Phone: (619)
299-1100
Provider Gender: Male
NPI: 1629047188
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Japanese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

OPTOMETRIST

AOTO, KIM





Provider ID: 268723
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 6945 EL CAJON BLVD
SAN DIEGO, CA 92115
 Phone: (800) 898-2020
Fax: (844) 897-3788
 After Hours Phone: (800)
898-2020
Provider Gender: Female
NPI: 1780935650
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

AOTO, KIM

Provider ID: 268718

Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
 Phone: (858) 565-8822
Fax: (858) 565-2449
 After Hours Phone: (858)
565-8822
Provider Gender: Female
NPI: 1780935650
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M 9AM-5PM
TU 8:30AM-4:30PM
W 7:30AM-4:30PM
TH 9:30AM-5PM
F 8:30AM-4PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPTOMETRIST

AOTO, KIM

Provider ID: 296795
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
 Phone: (858) 565-8822
Fax: (858) 565-2449


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 After Hours Phone: (858) 565-8822

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

OPTOMETRIST

JOMOC, CAITLIN

Provider ID: 304156

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861164642

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

JOMOC, CAITLIN

Provider ID: 304155

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861164642

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

KIM, PHILIP


Provider ID: 287910

Board Certified Specialty: No


UCSD MEDICAL GROUP

 4060 4TH AVE STE 610

SAN DIEGO, CA 92103

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

Provider Gender: Male

NPI: 1376929034

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

SCHWAB, GARY


Provider ID: 290411

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

Provider Gender: Male

NPI: 1740274372

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


OPTOMETRIST

SCHWAB, GARY


Provider ID: 290410

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Male


NPI: 1740274372

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


OPTOMETRIST


VO, ANDREW

Provider ID: 201312

Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR STE 101
SAN DIEGO, CA 92103


 Phone: (619) 543-7907

 After Hours Phone: (619)
543-7907

Provider Gender: Male

NPI: 1790291565

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OPTOMETRIST

VO, ANDREW

Provider ID: 304147

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1790291565

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

YU, CAROL

Provider ID: 301683

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639697451

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

OPTOMETRIST

YU, CAROL

Provider ID: 301680

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

YU, CAROL

Provider ID: 301684

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

ORAL MAXILLOFACIAL

SURGEON

DENTICO-OLIN, MARC

Provider ID: 304727

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2878 CAMINO DEL RIO S
STE 210

SAN DIEGO, CA 92108

Phone: (619) 298-2200

Fax: (619) 298-2250

After Hours Phone: (619)
298-2200

Provider Gender: Male

NPI: 1629205174

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS GREEN
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

ORAL MAXILLOFACIAL

SURGEON

DENTICO-OLIN, MARC

Provider ID: 273663

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

501 WASHINGTON ST STE
710

SAN DIEGO, CA 92103

Phone: (619) 295-6774

Fax: (619) 295-6776

After Hours Phone: (619)
295-6774

Provider Gender: Male

NPI: 1629205174

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS GREEN


HOSPITAL, SCRIPPS MERCY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


OTOLARYNGOLOGY

BLISS, MORGAN


Provider ID: 272565

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858)
309-7701

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

BRUMUND, KEVIN

Provider ID: 299635

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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: 299634

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1881652972

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal 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
UCSD MEDICAL GROUP

200 W 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
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)
309-7701

Provider Gender: Female

NPI: 1154492916

Provider English Spoken: Y
 Provider Language(s)

Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\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
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY STE
109

SAN DIEGO, CA 92123

Phone: (858) 309-7702

After Hours Phone: (858)
309-7702





Provider Gender: Female

NPI: 1154492916

Provider English Spoken: Y





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

 *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
UCSD MEDICAL GROUP
 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1932297330
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS

GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1932297330
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: UCSD Medical Group



OTOLARYNGOLOGY

COFFEY, CHARLES

Provider ID: 299579
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (619) 543-6631*
Fax: (619) 471-0656
 *After Hours Phone: (619) 543-6631*
Provider Gender: Male
NPI: 1932297330
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

OTOLARYNGOLOGY

DECONDE, ADAM

Provider ID: 299569
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1588988919

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🌐 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY

DECONDE, ADAM

Provider ID: 299567

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1588988919

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT*
PROVIDER

🌐 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY

DECONDE, ADAM

Provider ID: 299568

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1588988919

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🌐 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY

FRIEDMAN, RICK

Provider ID: 299531

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1982708558

☑ *Provider English Spoken: Y*
☑ *Provider Language(s)*

Spoken: Spanish

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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

OTOLARYNGOLOGY

FRIEDMAN, RICK

Provider ID: 299530

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982708558

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

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): UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

FRIEDMAN, RICK

Provider ID: 299532

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W 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

Provider Language(s)
Spoken: Spanish

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

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

FRIESEN, TZYYNONG

Provider ID: 272604

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)
309-7701

Provider Gender: Female

NPI: 1952740177

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network


OTOLARYNGOLOGY

GILANI, SAPIDEH

Provider ID: 299561

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY


GILANI, SAPIDEH

Provider ID: 299559

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

GILANI, SAPIDEH

Provider ID: 299560

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

GREENE, JACQUELINE

Provider ID: 298397

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

OTOLARYNGOLOGY

GREENE, JACQUELINE

Provider ID: 298396

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

GREENE, JACQUELINE

Provider ID: 272959

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

HARRIS, JEFFREY

Provider ID: 299576

Board Certified Specialty: No
UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

HOM, DAVID

Provider ID: 299515

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

HOM, DAVID
Provider ID: 299514
Board Certified Specialty: No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male

NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

HOM, DAVID
Provider ID: 299511
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (858) 657-8590
After Hours Phone: (858) 657-8590
Provider Gender: Male
NPI: 1659305027
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

HUSSEMAN, JACOB
Provider ID: 301052
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1124034053
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

OTOLARYNGOLOGY

HUSSEMAN, JACOB

Provider ID: 301053

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124034053

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL
ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

JIANG, WEN

Provider ID: 272660

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL 1

SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)
309-7701

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299443

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-6631

After Hours Phone: (619)
543-6631

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
CHILDRENS HOSP OF LOS
ANGELES, PIH HEALTH
HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299445

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273



Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y
Cultural Competency: N



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
 UCSD MEDICAL GROUP
 8899 UNIVERSITY CENTER LN
 SAN DIEGO, CA 92122
 *Phone:* (800) 926-8273
Fax: (888) 539-8781
 *After Hours Phone:* (800) 926-8273
Provider Gender: Female
NPI: 1780860536
 *Provider English Spoken:* Y
Cultural Competency: N
Hospital Affiliation:
 CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
 *Website:* N/A
IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY

LEUIN, SHELBY

Provider ID: 272637
Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 1
 SAN DIEGO, CA 92123
 *Phone:* (858) 309-7701
Fax: (858) 966-8038
 *After Hours Phone:* (858) 309-7701
Provider Gender: Female
NPI: 1124230909
 *Provider English Spoken:* Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL

OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
 *Hours:* M-F 8AM-5PM
 *Website:* N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

MAGIT, ANTHONY

Provider ID: 272767
Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 1
 SAN DIEGO, CA 92123
 *Phone:* (855) 309-7701
Fax: (858) 966-4062
 *After Hours Phone:* (855) 309-7701
Provider Gender: Male
NPI: 1891858379
 *Provider English Spoken:* Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility:* CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
🕒 Hours: M-F 9AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

OTOLARYNGOLOGY

MAGIT, ANTHONY

Provider ID: 299481
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
📞 Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 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
UCSD MEDICAL GROUP
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
📞 Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1891858379
🗣️ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

OTOLARYNGOLOGY

MAGIT, ANTHONY

Provider ID: 299482
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
📞 Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1891858379
🗣️ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

OTOLARYNGOLOGY


MATSUOKA, AKIHIRO

Provider ID: 299592
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


OTOLARYNGOLOGY

MATSUOKA, AKIHIRO

Provider ID: 299590

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 16950 VIA TAZON
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*
Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male


NPI: 1669630653

 *Provider English Spoken: Y
Cultural Competency: N*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


IPA: UCSD Medical Group


OTOLARYNGOLOGY

MATSUOKA, AKIHIRO

Provider ID: 299591

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*
Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male

NPI: 1669630653


 *Provider English Spoken: Y
Cultural Competency: N*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


OTOLARYNGOLOGY

NGUYEN, QUYEN

Provider ID: 299607

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER
LN


SAN DIEGO, CA 92122
 *Phone: (800) 926-8273*


Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 1477524452

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Vietnamese*

Cultural Competency: N

*Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS*

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


OTOLARYNGOLOGY

NGUYEN, QUYEN

Provider ID: 299606

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 16950 VIA TAZON
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*
Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Female

NPI: 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

OTOLARYNGOLOGY

NGUYEN, QUYEN

Provider ID: 299603

Board Certified Specialty: No
UCSD MEDICAL GROUP

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

PATEL, VIJAY

Provider ID: 297037

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY STE
1

SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)
309-7701

Provider Gender: Male

NPI: 1508250747

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

OTOLARYNGOLOGY

VAHABZADEH-HAGH,

ANDREW

Provider ID: 299509

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346506920

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

VAHABZADEH-HAGH,

ANDREW

Provider ID: 299507

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346506920

Provider English Spoken: Y

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1346506920

 *Provider English Spoken: Y
Cultural Competency: N*

Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group

OTOLARYNGOLOGY


WATSON, DEBORAH

Provider ID: 299642

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1346270816

 *Provider English Spoken: Y
Cultural Competency: N*


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
UCSD MEDICAL GROUP*

 16950 VIA TAZON
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1346270816

 *Provider English Spoken: Y
Cultural Competency: N*

Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


OTOLARYNGOLOGY


WATSON, DEBORAH

Provider ID: 299639

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (619) 543-6631*

 *After Hours Phone: (619) 543-6631*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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: 299610
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR STE 505
SAN DIEGO, CA 92103
☎ Phone: (858) 657-8590
🕒 After Hours Phone: (858)
657-8590
Provider Gender: Male
NPI: 1366590853
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

WEISSBROD, PHILIP
Provider ID: 299614
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 16950 VIA TAZON
SAN DIEGO, CA 92127
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1366590853
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

WEISSBROD, PHILIP
Provider ID: 299615
Board Certified Specialty: No

UCSD MEDICAL GROUP
📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1366590853
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group


OTOLARYNGOLOGY


YAN, CAROL
Provider ID: 298413
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800)
926-8273
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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: 298412

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY

YAN, CAROL


Provider ID: 298414

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

FADARE, OLUWOLE


Provider ID: 275705

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (619) 543-5764

Fax: (619) 543-5249

 After Hours Phone: (619)
543-5764

Provider Gender: Male

NPI: 1619955804

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


PATHOLOGY ANATOMIC

HANSEN, LAWRENCE

Provider ID: 275767
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (619) 543-5764
 After Hours Phone: (619)
543-5764

Provider Gender: Male
NPI: 1760407498

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC


PARAST, MANA

Provider ID: 275888
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273


Provider Gender: Female
NPI: 1629163100

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC


WONG, RICHARD

Provider ID: 243202
Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121
 Phone: (800) 926-8273
Fax: (888) 539-8781


 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1275084295

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP

 200 W 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
UCSD MEDICAL CTR, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS GREEN HOSPITAL,
SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY ANATOMIC CLINICAL

BROOME, HELEN

Provider ID: 275720

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1184674145

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY ANATOMIC CLINICAL

BROOME, HELEN

Provider ID: 275721

Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1184674145

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY ANATOMIC CLINICAL

BUI, JACK

Provider ID: 247581

Board Certified Specialty: No
UCSD MEDICAL GROUP


 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1942529821

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CLINICAL

BUI, JACK
Provider ID: 247580
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1942529821
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

**PATHOLOGY ANATOMIC
CLINICAL**

QUINTANA, PAULINA
Provider ID: 296765
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
292 EUCLID AVE STE 115

SAN DIEGO, CA 92114
Phone: (619) 266-3332
Fax: (619) 266-6000
After Hours Phone: (619) 266-3332
Provider Gender: Female
NPI: 1164482477
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE
VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

**PATHOLOGY ANATOMIC
CLINICAL**

ROMA, ANDRES
Provider ID: 275826
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1295912657

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

**PATHOLOGY ANATOMIC
CLINICAL**

SHABAIK, AHMED
Provider ID: 275781
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1679521579
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY ANATOMIC CLINICAL

SONG, WEI

Provider ID: 300001

Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 1306164157


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

CLINICAL

STEPHENS, LAURA


Provider ID: 300042

Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1942561212


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL

VAVINSKAYA, VERA


Provider ID: 275789

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1174757181

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY ANATOMIC CLINICAL

WANG, DEHUA

Provider ID: 289153

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

 Phone: (858) 966-6776

Fax: (858) 966-6707

 After Hours Phone: (858)
966-6776

Provider Gender: Female

NPI: 1578790655

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: RADY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PATHOLOGY CLINICAL


KELNER, MICHAEL

Provider ID: 247602

Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1174679849

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR, EL CENTRO REGIONAL
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PATHOLOGY CLINICAL


KELNER, MICHAEL

Provider ID: 247601

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 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


LE DZUNG, THE

Provider ID: 247599

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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: 247600

Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

926-8273
Provider Gender: Male
NPI: 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
RADY CHILDRENS HEALTH
NETWORK
 2655 CAMINO DEL RIO N
STE 425
SAN DIEGO, CA 92108
 Phone: (619) 286-6687
Fax: (619) 286-6695
 After Hours Phone: (619)
286-6687
Provider Gender: Female
NPI: 1417363086

Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: 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: 285133
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800
Provider Gender: Female
NPI: 1205128089
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LUCILE
SALTER PACKARD
CHILDRENS HOSP, Stanford

Health Care, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN
Provider ID: 206083
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 3030 CHILDRENS WAY STE
2
SAN DIEGO, CA 92123
 Phone: (858) 966-5961
 After Hours Phone: (858)
966-5961
Provider Gender: Female
NPI: 1205128089
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LUCILE
SALTER PACKARD
CHILDRENS HOSP, Stanford
Health Care, RADY
CHILDRENS HOSPITAL SAN
DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY


GENG, BOB


Provider ID: 205824

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY STE 2

SAN DIEGO, CA 92123

 Phone: (858) 966-5961

 After Hours Phone: (858) 966-5961

Provider Gender: Male

NPI: 1356570758

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC ALLERGY / IMMUNOLOGY


GENG, BOB

Provider ID: 205823

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 5776 RUFFIN RD
SAN DIEGO, CA 92123

 Phone: (858) 292-1144

 After Hours Phone: (858) 292-1144

Provider Gender: Male

NPI: 1356570758

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC ALLERGY / IMMUNOLOGY


GREINER, ALEXANDER

Provider ID: 205697

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK



 5776 RUFFIN RD
SAN DIEGO, CA 92123

 Phone: (858) 966-4900

 After Hours Phone: (858) 966-4900

Provider Gender: Male

NPI: 1609801299

 Provider English Spoken: Y
 Provider Language(s) Spoken: French, German, Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-0PM

 Website: N/A

IPA: Rady Childrens Health Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PEDIATRIC ALLERGY / IMMUNOLOGY

LEIBEL, SYDNEY

Provider ID: 205724

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

5776 RUFFIN RD

SAN DIEGO, CA 92123

Phone: (858) 292-1144

After Hours Phone: (858)
292-1144

Provider Gender: Male

NPI: 1861666919

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC ALLERGY / IMMUNOLOGY

LEIBEL, SYDNEY

Provider ID: 205725

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL
2 NORTH

SAN DIEGO, CA 92123

Phone: (858) 966-5961

After Hours Phone: (858)
966-5961

Provider Gender: Male

NPI: 1861666919

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

BOCK, MATTHEW

Provider ID: 280463

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 1356514624

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LOMA
LINDA UNIVERSITY MED CTR,
LOMA LINDA UNIVERSITY
CHILDRENS HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

BORQUEZ, ALEJANDRO

Provider ID: 284120

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)
966-5855





Provider Gender: Female

NPI: 1114277787





Provider English Spoken: Y




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄





 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network




PEDIATRIC CARDIOLOGY

CHAU, PETER
Provider ID: 271427
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 966-5855*
Fax: (858) 966-7903
 *After Hours Phone: (858) 966-5855*
Provider Gender: Male
NPI: 1407146947
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR,






RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 966-5855*
Fax: (858) 966-7903
 *After Hours Phone: (858) 966-5855*
Provider Gender: Male
NPI: 1760691950
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network



PEDIATRIC CARDIOLOGY

DO, THOMAS
Provider ID: 206162
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network


PEDIATRIC CARDIOLOGY

DUMMER, KIRSTEN

Provider ID: 260595
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5855
Fax: (858) 966-7903
 After Hours Phone: (858) 966-5855


Provider Gender: Female
NPI: 1780642280

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

GOLDING, IAN


Provider ID: 210823
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855
Fax: (858) 966-7903


 After Hours Phone: (858) 966-5855

Provider Gender: Male
NPI: 1962974956

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

GORDON, BRENT

Provider ID: 295391
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855
Fax: (858) 966-7903

 After Hours Phone: (858) 966-5855

966-5855

Provider Gender: Male

NPI: 1669480083

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: POMONA VALLEY HOSP MED CTR, SANTA MONICA UCLA MED CTR, SAN ANTONIO COMM HOSP, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA

Provider ID: 205687
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855
Fax: (858) 966-7903

 After Hours Phone: (858) 966-5855

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1023329885


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC CARDIOLOGY

JUSTINO, HENRI

Provider ID: 284123

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 1518036821

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC CARDIOLOGY

LEHNERTSCHUCHARDT, ELEANOR

Provider ID: 262250

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Female

NPI: 1760707210

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC CARDIOLOGY

MCCANDLESS, RACHEL


Provider ID: 206147

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-4912

Fax: (858) 966-7903

 After Hours Phone: (858)
966-4912

Provider Gender: Female

NPI: 1487821815

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network


PEDIATRIC CARDIOLOGY


MUELLER, DANA

Provider ID: 245535

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

 After Hours Phone: (858)
966-5855

Provider Gender: 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

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 1376705707

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC CARDIOLOGY

RAO, ROHIT


Provider ID: 206122

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 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

SILVASEPULVEDA, JOSE

Provider ID: 206297

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC CARDIOLOGY


STEINBERG, LEONARD

Provider ID: 248208

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

 After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 1538279484

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC CARDIOLOGY

VAUGHN, GABRIELLE

Provider ID: 205643

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-7423

 After Hours Phone: (858)
576-1700

Provider Gender: Female

NPI: 1891004461

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL


OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY


VELLOREGOVARDHAN, SHILPA

Provider ID: 271454

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Female

NPI: 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

PEDIATRIC CARDIOLOGY


WERHO, DAVID

Provider ID: 206316

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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):
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
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5855
Fax: (858) 966-7423
📞 After Hours Phone: (858)
966-5855
Provider Gender: Male
NPI: 1831423250
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,
UCSF BENIOFF CHILDREN'S
HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

YUNOSZAI, ADEL
Provider ID: 303133
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5855
Fax: (858) 966-7903
📞 After Hours Phone: (858)
966-5855
Provider Gender: Male
NPI: 1952493819
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC DERMATOLOGY

EICHENFIELD, DAWN
Provider ID: 283142
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-6795
Fax: (858) 966-7479
📞 After Hours Phone: (858)
966-6795
Provider Gender: Female
NPI: 1295198091
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<hr/> <p><u>PEDIATRIC DERMATOLOGY</u></p> <p>EICHENFIELD, DAWN Provider ID: 303679 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p>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</p>	<p>RADY CHILDRENS HEALTH NETWORK</p> <p>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</p>	<p>RADY CHILDRENS HEALTH NETWORK</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800 After Hours Phone: (858) 966-8800 Provider Gender: Female NPI: 1851927883 Provider English Spoken: Y Provider Language(s) Spoken: Farsi Cultural Competency: N Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Rady Childrens Health Network</p>
<hr/> <p><u>PEDIATRIC EMERGENCY MEDICINE</u></p> <p>AGHILI, ROXANA Provider ID: 303780 Board Certified Specialty: No</p>	<hr/> <p><u>PEDIATRIC EMERGENCY MEDICINE</u></p> <p>AGHILI, ROXANA Provider ID: 304918 Board Certified Specialty: No</p>	<hr/> <p><u>PEDIATRIC EMERGENCY MEDICINE</u></p> <p>AMIRNOVIN, RAMBOD Provider ID: 297673 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ *After Hours Phone: (858) 966-8800*
Provider Gender: Male
NPI: 1629104492
 Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, LONG BEACH MEMORIAL MED CTR, EARL AND LORRAINE MILLER CHILDRENS HSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AUSTIN-PAGE, LUKAS
Provider ID: 205589
Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1326301862
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

BELLOMO, THOMAS
Provider ID: 205601
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 4305 UNIVERSITY AVE STE 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2905
Fax: (619) 283-1614

☎ *After Hours Phone: (619) 280-2905*
Provider Gender: Male
NPI: 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

BIALOSTOZKY, MARIO
Provider ID: 206011
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
 RADY CHILDRENS HEALTH
 NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)

966-8800
 Provider Gender: Female
 NPI: 1497079487
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:
 SOUTHWEST HEALTHCARE
 INLAND VALLEY HOSPITAL,
 UCSF BENIOFF CHILDREN'S
 HOSPITAL OAKLAND,
 SOUTHWEST HEALTHCARE
 RANCHO SPRINGS HOSPITAL,
 RADY CHILDRENS HOSPITAL
 SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: Rady Childrens Health
 Network

PEDIATRIC EMERGENCY MEDICINE

CAMPBELL, SARA
 Provider ID: 206335
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
 966-8800

Provider Gender: Female
 NPI: 1841687563
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Spanish
 Cultural Competency: N
 Hospital Affiliation:
 CHILDRENS HOSP OF LOS
 ANGELES, RADY CHILDRENS
 HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

PEDIATRIC EMERGENCY MEDICINE

CHOO, SUN
 Provider ID: 296535
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
 966-8800
 Provider Gender: Female
 NPI: 1700047628
 Provider English Spoken: Y
 Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
 RADY CHILDRENS HEALTH NETWORK
 4305 UNIVERSITY AVE STE 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2905
 Fax: (619) 283-1614
 After Hours Phone: (619) 280-2905
 Provider Gender: Female
 NPI: 1700047628
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: No

Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 1PM-10PM
 M-F 4PM-10PM
 SA 1PM-10PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

CONRAD, HEATHER

Provider ID: 205960
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
 Provider Gender: Female
 NPI: 1205813409
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DELRE, ANGELO

Provider ID: 206081
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
 Provider Gender: Male
 NPI: 1275761371
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


DEVERA, GEMMIE

Provider ID: 288572

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1366622078

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


DO, STEPHANIE

Provider ID: 287393

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1750513644

 Provider English Spoken: Y
Cultural Competency: N

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
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1740571165

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network




PEDIATRIC EMERGENCY MEDICINE

DORWART, ELIZABETH



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 294260
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800


Provider Gender: Female
NPI: 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

RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 576-1700
 After Hours Phone: (858)
576-1700


Provider Gender: Female
NPI: 1932318565

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE INLAND
VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes

Min/Max Age: 0\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**

FISHER, JAY

Provider ID: 295690

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800


Provider Gender: Male
NPI: 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**


GIBONEY, JENNIFER

Provider ID: 205925

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female
NPI: 1275895849

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE


GORHAM, LAURA

Provider ID: 275784

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619) 280-2058

Provider Gender: Female

NPI: 1316162324

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL): 

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE


GROSS, MATTHEW

Provider ID: 297172

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 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
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PEDIATRIC EMERGENCY MEDICINE


HERSKOVITZ, SCOTT


Provider ID: 261045

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1225393499

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

HUNTER, WENDY


Provider ID: 206278


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1053515551

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


INDRA, SEAN

Provider ID: 302625

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)

966-8800

Provider Gender: Male

NPI: 1427349091

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, VALLEY CHILDRENS
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


ISHIMINE, PAUL


Provider ID: 206236

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1437184421

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

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
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-8519

 After Hours Phone: (858)
966-5999

Provider Gender: Male

NPI: 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): IPA: Rady Childrens Health
Network

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


KHAN, SHAHFAR

Provider ID: 294094

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1013361815

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Urdu

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

PEDIATRIC EMERGENCY MEDICINE


KINGDON, JOANNA

Provider ID: 302317

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)
280-2905

Provider Gender: Female

NPI: 1609495399

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄




Network

PEDIATRIC EMERGENCY MEDICINE

MCDANIEL, MICHELE

Provider ID: 248071

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800

Provider Gender: Female
NPI: 1366761959

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
RADY CHILDRENS HOSPITAL
SAN DIEGO

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
RADY CHILDRENS HEALTH
NETWORK

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 Phone: (619) 280-2905
Fax: (619) 283-1614
 After Hours Phone: (619)
280-2905


Provider Gender: Female
NPI: 1134681265

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

 Website: N/A




IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE



MESIWALA, ADNAN

Provider ID: 275654

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800

Provider Gender: Male
NPI: 1528483955


 Provider English Spoken: Y
 Provider Language(s)
Spoken: Gujarati

Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

METCALF, ASHLEY

Provider ID: 205348

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH NETWORK
📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123
☎ Phone: (858) 966-8800
📞 After Hours Phone: (858) 966-8800

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**

MURRAY, MATTHEW
Provider ID: 205759
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123
☎ Phone: (858) 966-8800
📞 After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1215103023
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA



JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY **MEDICINE**


NGUYEN, MYLINH
Provider ID: 262299
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123
☎ Phone: (858) 966-8800
📞 After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1730428053
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):  Website: N/A
N
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


NGUYEN, MARGARET

Provider ID: 270705

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1942485248

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

Website: N/A
IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


OZCAN, ALI

Provider ID: 287923

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1265867683

 Provider English Spoken: Y

 Provider Language(s) Spoken: Turkish

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, LOMA LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE


MEDICINE


PADE, KATHRYN

Provider ID: 262411

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1215375183

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARK, BRIAN

Provider ID: 302352

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1710418744

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

Fax: (619) 283-1614

After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1881695914

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health Network

966-8800

Provider Gender: Female

NPI: 1477626513

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARK, RONALD

Provider ID: 295457

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

PEDIATRIC EMERGENCY MEDICINE

PARKER, SHERINE

Provider ID: 205784

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)

PEDIATRIC EMERGENCY MEDICINE

QUINONES-PEREZ, BIANCA

Provider ID: 206949

Board Certified Specialty: No








RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE 150




SAN DIEGO, CA 92105





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄





 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

QUINONES-PEREZ, BIANCA
 Provider ID: 206947
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)

966-8800
 Provider Gender: Female
 NPI: 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
 Website: N/A
 IPA: Rady Childrens Health Network




PEDIATRIC EMERGENCY MEDICINE



RANASURIYA, DUNISHA
 Provider ID: 216970
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
 Provider Gender: Female
 NPI: 1740468057
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RUIZ, MONICA
 Provider ID: 305340
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800

Provider Gender: Female
 NPI: 1982059689
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


RUSSELL, SAMUEL

Provider ID: 301249

*Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

Provider Gender: Male

NPI: 1215564265

 *Provider English Spoken: Y
Cultural Competency: N*


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY

MEDICINE


RUSSELL, SAMUEL

Provider ID: 301250

*Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK*

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 *Phone: (619) 280-2905*

Fax: (619) 283-1614

 *After Hours Phone: (619) 280-2905*

Provider Gender: Male

NPI: 1215564265

 *Provider English Spoken: Y
Cultural Competency: N*

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 1PM-10PM
M-F 4PM-10PM*

SA 1PM-10PM

 *Website: N/A*

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


SALEH, FAREED

Provider ID: 206216

*Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

Provider Gender: Male

NPI: 1366691115

 *Provider English Spoken: Y
Cultural Competency: N*

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


SCHROTER, STEPHANIE

Provider ID: 243830

*Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858)*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

966-8800

Provider Gender: Female

NPI: 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


SHERER, KIMBERLY

Provider ID: 284168

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1992202964

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


SHETH, SARIKA

Provider ID: 248171

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1336503234


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


SOUDER, CHRISTOPHER

Provider ID: 301636

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1851540199

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE









SOUDER, CHRISTOPHER

Provider ID: 301635




Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




 3030 CHILDRENS WAY FL 3
 SAN DIEGO, CA 92123
 Phone: (858) 966-6789
 Fax: (858) 966-6706
 After Hours Phone: (858) 966-6789
 Provider Gender: Male
 NPI: 1851540199
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
 Medi-Cal Open Panel: No
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network





PEDIATRIC EMERGENCY MEDICINE

TAMAS, VANESSA
 Provider ID: 206212
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 576-1700
 After Hours Phone: (858) 576-1700






Provider Gender: Female
 NPI: 1326225368
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TANG, ANDREW
 Provider ID: 294677
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800

Provider Gender: Male
 NPI: 1184071516
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 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
 RADY CHILDRENS HEALTH NETWORK
 4305 UNIVERSITY AVE STE 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2905
 Fax: (619) 283-1614
 After Hours Phone: (619) 280-2905
 Provider Gender: Female
 NPI: 1407299787
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RONALD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


TRAN, THERESA

Provider ID: 301834

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1417496985

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


TRAUT, JOEL

Provider ID: 205475

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858)
576-1700

Provider Gender: Male

NPI: 1982792065

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


ULRICH, STACEY

Provider ID: 205847

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8036

 After Hours Phone: (858)
966-8036

Provider Gender: Female

NPI: 1619049236

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


VAIDYA, KAMALA

Provider ID: 205811

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)
280-2905

Provider Gender: Female

NPI: 1083840920


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


VAIDYA, KAMALA

Provider ID: 205809

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1083840920

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


VANE, JACKSON


Provider ID: 205883

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1952608580

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


VANWOY, LAUREN

Provider ID: 301574

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800


 After Hours Phone: (858)
966-8800

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1568959161

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR
HEALTH, PALOMAR MEDICAL
CENTER, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE

VARGAS, JACLYN


Provider ID: 285935

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-8479

 After Hours Phone: (858)
576-1700

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, Los Angeles General
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE

VARGAS, JACLYN


Provider ID: 285934

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, Los Angeles General
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


VARGAS, JACLYN

Provider ID: 296486

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM*
 *Website: N/A*
IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE

VAYNGORTIN, TATYANA

Provider ID: 263012
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK



 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 966-8800*
 *After Hours Phone: (858) 966-8800*

Provider Gender: Female
NPI: 1578967907

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): Network
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
RADY CHILDRENS HEALTH NETWORK



 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 966-8800*
 *After Hours Phone: (858) 966-8800*

Provider Gender: Female
NPI: 1710321278

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
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


PEDIATRIC EMERGENCY MEDICINE

YAPHOCKUN, KARENKIM

Provider ID: 206184
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 576-1700*
 *After Hours Phone: (858) 576-1700*



Provider Gender: Female
NPI: 1861880817

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8AM-5PM*
 *Website: N/A*

IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY


CYMBALUK, ANNA


Provider ID: 294214
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY STE 4
SAN DIEGO, CA 92123

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

 Phone: (858) 966-4032
Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1043674849


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


PEDIATRIC ENDOCRINOLOGY


PATTERSON, MARY

Provider ID: 206059

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123

 Phone: (858) 966-4032
Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1912112020


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


PEDIATRIC ENDOCRINOLOGY

SINGH, PUJA

Provider ID: 302818

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123

 Phone: (858) 966-4032
Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1841721172


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


PEDIATRIC ENDOCRINOLOGY


VARGASTRUJILLO, MARCELA

Provider ID: 205605

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123

 Phone: (858) 966-4032
Fax: (858) 966-4032

 After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1952534091

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO



Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY







CHU, CHRISTOPHER

Provider ID: 301639
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 2
 SAN DIEGO, CA 92123
 Phone: (858) 966-4003
 Fax: (858) 560-6798
 After Hours Phone: (858) 966-4003
 Provider Gender: Male
 NPI: 1912369273
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Yue Chinese
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
 Medi-Cal Open Panel: No
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

IPA: Rady Childrens Health Network







PEDIATRIC GASTROENTEROLOGY

GOYAL, NIDHI

Provider ID: 205598
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 2 SOUTH
 SAN DIEGO, CA 92123
 Phone: (858) 966-4003
 Fax: (858) 560-6798
 After Hours Phone: (858) 966-4003
 Provider Gender: Female
 NPI: 1598029332
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

HARTMANN, PHILLIPP

Provider ID: 294228
 Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 2
 SAN DIEGO, CA 92123
 Phone: (858) 966-4003
 Fax: (858) 560-6798
 After Hours Phone: (858) 966-4003
 Provider Gender: Male
 NPI: 1356796536
 Provider English Spoken: Y
 Provider Language(s) Spoken: French, German
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

LIN, TOM

Provider ID: 297707

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858)
966-4003

Provider Gender: Male

NPI: 1114136934

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC GASTROENTEROLOGY

SCHWARZ, KATHLEEN

Provider ID: 205885

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858)
966-4003

Provider Gender: Female

NPI: 1265465918

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC GASTROENTEROLOGY

YOUNG, JOCELYN

Provider ID: 294675

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858)
966-4003

Provider Gender: Female

NPI: 1306227491

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UC DAVIS
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

BRIGGS, BENJAMIN

Provider ID: 274689

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)
966-5811

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Male
NPI: 1952695777
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, NAVAL MEDICAL CTR
SD RBE
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

BUSH, KELLY
Provider ID: 274408
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3010 CHILDRENS WAY STE
2
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5811
Fax: (858) 966-8035
🕒 After Hours Phone: (858)
966-5811
Provider Gender: Female
NPI: 1073831079
☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

CHOO, SUN
Provider ID: 206115
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3010 CHILDRENS WAY STE
2-WEST
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5811
Fax: (858) 966-8035
🕒 After Hours Phone: (858)
966-5811
Provider Gender: Female
NPI: 1700047628
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes

Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

DING, HILDA
Provider ID: 206173
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3010 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5811
Fax: (858) 966-8035
🕒 After Hours Phone: (858)
966-5811
Provider Gender: Female
NPI: 1780813923
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

ELSTER, JENNIFER

Provider ID: 205769


Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5811
Fax: (858) 966-8035

 After Hours Phone: (858) 966-5811


Provider Gender: Female
NPI: 1588866115


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

GANESAN, ANUSHA

Provider ID: 205882


Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5811
Fax: (858) 966-8035

 After Hours Phone: (858) 966-5811


Provider Gender: Female
NPI: 1982091740

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

JAFFRAY, JULIE

Provider ID: 296760

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

 Phone: (858) 966-5811
Fax: (858) 966-8035

 After Hours Phone: (858) 966-5811

Provider Gender: Female
NPI: 1396942470


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

KUO, DENNIS

Provider ID: 205433

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5811
Fax: (858) 966-8035


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 After Hours Phone: (858) 966-5811

Provider Gender: Male

NPI: 1750492146

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese, Spanish
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

LI, HOJUN


Provider ID: 307300

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Male

NPI: 1730455239

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

SRIDHAR, SUNITA

Provider ID: 302088

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1649707365

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

WONG, VICTOR

Provider ID: 206149

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Male

NPI: 1154692473

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


IPA: Rady Childrens Health
Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

YU, JENNIFER

Provider ID: 206148

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1326315599

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC HEMATOLOGY / ONCOLOGY

YU, HELENA

Provider ID: 301583

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1881127736

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

ZAGE, PETER


Provider ID: 206315

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


NETWORK

 3010 CHILDRENS WAY STE
2W

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Male

NPI: 1912003161

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC INFECTIOUS DISEASES


MILDER, EDMUND

Provider ID: 289138

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

 Phone: (858) 966-7785

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH NETWORK

📍 8110 BIRMINGHAM WAY FL 1

SAN DIEGO, CA 92123

☎ Phone: (858) 966-8052

Fax: (858) 966-7789

☎ After Hours Phone: (858) 966-8052

Provider Gender: Female

NPI: 1255514618

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

INGULLI, ELIZABETH

Provider ID: 302778

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 8110 BIRMINGHAM WAY STE 28

SAN DIEGO, CA 92123

☎ Phone: (858) 966-8052

Fax: (858) 966-7789

☎ After Hours Phone: (858) 966-8052

Provider Gender: Female

NPI: 1811919244

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

MAK, ROBERT

Provider ID: 302776

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 8110 BIRMINGHAM WAY FL 1

SAN DIEGO, CA 92123

☎ Phone: (858) 966-8052

Fax: (858) 966-7789

☎ After Hours Phone: (858) 966-8052

Provider Gender: Male

NPI: 1740295252

☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

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

CENTER, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


PEDIATRIC NEPHROLOGY

PERENS, ELLIOT

Provider ID: 302765

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 8110 BIRMINGHAM WAY FL 1
 SAN DIEGO, CA 92123

 Phone: (858) 966-8052
 Fax: (858) 966-7789

 After Hours Phone: (858) 966-8052

Provider Gender: Male
 NPI: 1922328947

 Provider English Spoken: Y
 Cultural Competency: N


Hospital Affiliation: **RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, UCSF MEDICAL**


PEDIATRIC PULMONOLOGY

AKONG, KATHRYN

Provider ID: 205673

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY STE 2
 SAN DIEGO, CA 92123

 Phone: (858) 966-5846
 Fax: (858) 966-8457

 After Hours Phone: (858) 966-5846

Provider Gender: Female
 NPI: 1912169061

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: **RADY CHILDRENS HOSPITAL SAN DIEGO**
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19


PEDIATRIC PULMONOLOGY


BHATTACHARJEE, RAKESH

Provider ID: 246060

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858) 576-1700

Provider Gender: Male
 NPI: 1588781173


 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: **RADY CHILDRENS HOSPITAL SAN DIEGO**

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PEDIATRIC PULMONOLOGY

BHATTACHARJEE, RAKESH

Provider ID: 205950

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3030 CHILDRENS WAY FL
2 NORTH
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5846

Fax: (858) 966-8457

🕒 After Hours Phone: (858)
966-5846

Provider Gender: Male

NPI: 1588781173

🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

CERNELC-KOHAN, MATEJKA

Provider ID: 243042

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5846

Fax: (858) 966-8457

🕒 After Hours Phone: (858)
966-5846

Provider Gender: Female

NPI: 1871752451

🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

CERNELC-KOHAN, MATEJKA

Provider ID: 243041

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

☎ Phone: (858) 966-5846

Fax: (858) 966-8457

🕒 After Hours Phone: (858)
966-5846

Provider Gender: Female

NPI: 1871752451

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

FINCH, CHRISTINA

Provider ID: 302581

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

☎ Phone: (858) 966-5846

Fax: (858) 966-8457


🕒 After Hours Phone: (858)
966-5846

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1598255325

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

PEDIATRIC PULMONOLOGY


FIREIZEN, YARON

Provider ID: 302329

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123


 Phone: (858) 966-5846


Fax: (858) 966-8457

 After Hours Phone: (858)
966-5846

Provider Gender: Male

NPI: 1699123927

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC PULMONOLOGY

LANDEOGUTIERREZ, JEREMY

Provider ID: 284176

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 569-9052

 After Hours Phone: (858)
966-5846

Provider Gender: Male

NPI: 1255750360

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY


LANDEOGUTIERREZ, JEREMY

Provider ID: 284177

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)
966-5846

Provider Gender: Male

NPI: 1255750360

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA

Provider ID: 294641

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)
966-5846

Provider Gender: Female

NPI: 1144615659

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-4:30PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

RAO, APARNA

Provider ID: 206123

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 569-9052

After Hours Phone: (858)
966-5846

Provider Gender: Female

NPI: 1649222340

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

RAO, APARNA

Provider ID: 206124

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-5847

After Hours Phone: (858)
966-5846

Provider Gender: Female

NPI: 1649222340

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

RYU, JULIE

Provider ID: 206218

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
2 NORTH

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 569-5847

After Hours Phone: (858)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

966-5846

Provider Gender: Female

NPI: 1568533321

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC PULMONOLOGY

TANTISIRA, KELAN

Provider ID: 277183

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 569-9052

 After Hours Phone: (858)
966-5846

Provider Gender: Male

NPI: 1760420434

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC RHEUMATOLOGY


CHANG, JOHANNA

Provider ID: 246394

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8082

 After Hours Phone: (858)
966-8082

Provider Gender: Female

NPI: 1821242199

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC RHEUMATOLOGY

SHEETS, ROBERT


Provider ID: 255900

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123



 Phone: (858) 966-8082

Fax: (858) 966-4067

 After Hours Phone: (858)
966-8082

Provider Gender: Male

NPI: 1013088772

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-4:30PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

ALAGIRI, MADHU

Provider ID: 206387

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-7484
Fax: (858) 966-4064

After Hours Phone: (858)
966-7484

Provider Gender: Male

NPI: 1619083961

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

ALLSUP, VICTORIA

Provider ID: 302344

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 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

ALLSUP, VICTORIA

Provider ID: 302345

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 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
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)
280-2058

Provider Gender: Male

NPI: 1467436063

Provider English Spoken: Y

Provider Language(s)
Spoken: German, Spanish
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

PEDIATRICS

ANDREE, GREGOR

Provider ID: 293220

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700
Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: 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
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841
Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1457420713

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

CAMERON, MELISSA

Provider ID: 205965

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841
Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1902983752

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

CANTU, ALICIA

Provider ID: 205752

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1922179688

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Rady Childrens Health Network

PEDIATRICS

CANTU, ALICIA

Provider ID: 205753

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY STE 300
SAN DIEGO, CA 92123

Phone: (858) 966-8974
Fax: (858) 966-6721

After Hours Phone: (858) 966-8974

Provider Gender: Female
NPI: 1922179688

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRICS

CHONG, AMY

Provider ID: 259993

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5803
Fax: (858) 966-5992

After Hours Phone: (858) 966-5803

Provider Gender: Female
NPI: 1720423288

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRICS

DOAN STEPHENS, CRYSTAL

Provider ID: 293274

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105

Phone: (619) 280-2058
Fax: (858) 633-4682

After Hours Phone: (619) 280-2058

Provider Gender: Female
NPI: 1730570144

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

PEDIATRICS

DOAN STEPHENS, CRYSTAL

Provider ID: 293275

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700
Fax: (858) 633-4680

After Hours Phone: (858) 810-8700

Provider Gender: Female
NPI: 1730570144

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

PEDIATRICS

DOSHI, AMI

Provider ID: 205329

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1801099676

Provider English Spoken: Y

Provider Language(s)
Spoken: Gujarati, Spanish
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

DOSHI, AMI

Provider ID: 205330

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY STE
300

SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858)
966-8974

Provider Gender: Female

NPI: 1801099676

Provider English Spoken: Y

Provider Language(s)
Spoken: Gujarati, Spanish
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

GIBONEY, JENNIFER

Provider ID: 296241

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)
280-2058

Provider Gender: Female

NPI: 1275895849

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network

PEDIATRICS

GIBONEY, JENNIFER

Provider ID: 296242

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5841
Fax: (858) 966-6728
🕒 After Hours Phone: (858)
966-5841

Provider Gender: Female
NPI: 1508210311
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max 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
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5841
Fax: (858) 966-6728
🕒 After Hours Phone: (858)
966-5841
Provider Gender: Female
NPI: 1770841140
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN





























DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRICS

JIMENEZBACARDI, ADRIA
Provider ID: 294640
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5841
Fax: (858) 966-6728
🕒 After Hours Phone: (858)
966-5841
Provider Gender: Male
NPI: 1467847293
☐ Provider English Spoken: Y
☐ Provider Language(s)
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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network</i></p>	<p><i>Network</i></p> <hr/> <p style="text-align: center;">PEDIATRICS</p> <hr/> <p>KARMAKAR, KANKA</p> <p><i>Provider ID: 213847</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>COMMUNITY CARE IPA LLC</i></p>	<p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-5841</i></p> <p><i>Fax: (858) 966-6728</i></p> <p> <i>After Hours Phone: (858) 966-5841</i></p>
<hr/> <p style="text-align: center;">PEDIATRICS</p> <hr/> <p>JINDAL, ANUJA</p> <p><i>Provider ID: 303285</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-5819</i></p> <p><i>Fax: (858) 966-4930</i></p> <p> <i>After Hours Phone: (858) 966-5819</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1194046581</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\19</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p> 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i></p> <p><i>Fax: (858) 578-4417</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1972536654</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Bengali, Hindi, Polish, Spanish, Tagalog</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\18</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p>	<p><i>Provider Gender: Female</i></p> <p><i>NPI: 1912345307</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\19</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network</i></p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health</i></p>	<hr/> <p style="text-align: center;">PEDIATRICS</p> <hr/> <p>KHARE, MANASWITHA</p> <p><i>Provider ID: 206289</i></p> <p><i>Board Certified Specialty: Yes</i></p>	<hr/> <p style="text-align: center;">PEDIATRICS</p> <hr/> <p>LEE, BEGEM</p> <p><i>Provider ID: 205923</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-5841</i></p> <p><i>Fax: (858) 966-6728</i></p> <p> <i>After Hours Phone: (858)</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

966-5841
 Provider Gender: Female
 NPI: 1053672444
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF
 BENIOFF CHILDREN'S
 HOSPITAL OAKLAND, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

PEDIATRICS

LOPEZ, XIMENA
 Provider ID: 302856
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3030 CHILDRENS WAY FL
 4
 SAN DIEGO, CA 92123
 Phone: (858) 966-4032
 Fax: (858) 966-6227
 After Hours Phone: (858)
 966-4032
 Provider Gender: Female
 NPI: 1740316405
 Provider English Spoken: Y

Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

PEDIATRICS

MANNINOAVILA, ELIZABETH
 Provider ID: 262161
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-5841
 Fax: (858) 966-6728
 After Hours Phone: (858)
 966-5841
 Provider Gender: Female
 NPI: 1164747127
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF
 BENIOFF CHILDREN'S
 HOSPITAL OAKLAND, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

PEDIATRICS

MARANO, RACHEL
 Provider ID: 302438
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-5841
 Fax: (858) 966-6728
 After Hours Phone: (858)
 966-5841
 Provider Gender: Female
 NPI: 1043673528
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Rady Childrens Health Network

PEDIATRICS

MARC-AURELE, KRISHELLE

Provider ID: 301719

Board Certified Specialty: No
UCSD MEDICAL GROUP

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
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-4051

After Hours Phone: (858)
966-8974

Provider Gender: Female

NPI: 1508910787

Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, UCSF
MEDICAL CENTER, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

NGO, MAI

Provider ID: 302114

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7910 FROST ST STE 195
SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858)
966-8974

Provider Gender: Female

NPI: 1508910787

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND, UCSF
MEDICAL CENTER, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

PATEL, AARTI

Provider ID: 205865


Board Certified Specialty: No
RADY CHILDRENS HEALTH

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1871813105


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRICS

PIERCE, HEATHER

Provider ID: 205701

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1699955542

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRICS


POLICH, MICHELLE

Provider ID: 286390

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

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
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1013996529

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes



Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network


PEDIATRICS

RIES, DAVID

Provider ID: 206082
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK



 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5841
 After Hours Phone: (858) 966-5841

Provider Gender: Male
NPI: 1376705483

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N



 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS


RUNGVIVATJARUS, TIRANUN

Provider ID: 206319
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5841
Fax: (858) 966-6728

 After Hours Phone: (858) 966-5841


Provider Gender: Female
NPI: 1407276363


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS


SONG, RICHARD

Provider ID: 301716
Board Certified Specialty: No
UCSD MEDICAL GROUP

 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
RADY CHILDRENS HEALTH NETWORK

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5841
 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
UCSD MEDICAL GROUP

 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

WEISS, KATHERINE

Provider ID: 301703

Board Certified Specialty: No
UCSD MEDICAL GROUP

 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

 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

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group



PHYSICAL MEDICINE / REHABILITATION

ALGRA, JEFFREY

Provider ID: 287524

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 195
SAN DIEGO, CA 92123

 Phone: (858) 966-8974
 After Hours Phone: (858)
966-8974

Provider Gender: Male

NPI: 1457664518

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION

BIFFL, SUSAN


Provider ID: 287453

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 195
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

Fax: (858) 966-6721

 After Hours Phone: (858) 966-8974

Provider Gender: Female

NPI: 1366589640

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION


DALAL, PRITHA

Provider ID: 287523

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 195
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858) 966-8974

Provider Gender: Female

NPI: 1609017532

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION

RICHARDSON, HENRY

Provider ID: 295276

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110


 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1407052459

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICAL MEDICINE / REHABILITATION

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RYAN, KYLE

Provider ID: 287520

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7910 FROST ST STE 195
SAN DIEGO, CA 92123

Phone: (858) 966-8974

After Hours Phone: (858)
966-8974

Provider Gender: Male

NPI: 1447645742

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICAL MEDICINE / REHABILITATION

SCOTT-WYARD, PHOEBE

Provider ID: 287519

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7910 FROST ST STE 195
SAN DIEGO, CA 92123

Phone: (858) 966-8974

After Hours Phone: (858)
966-8974

Provider Gender: Female

NPI: 1336356203

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS
ANGELES, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICAL MEDICINE / REHABILITATION

SKALSKY, ANDREW

Provider ID: 287537

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7910 FROST ST STE 195
SAN DIEGO, CA 92123

Phone: (858) 966-8974

After Hours Phone: (858)
966-8974

Provider Gender: Male

NPI: 1487635272

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PHYSICIANS ASSISTANT

AINSWORTH, DELISSA

Provider ID: 243367

Board Certified Specialty: No
UCSD MEDICAL GROUP

4510 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1750734893

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

ALBRIGHT, KELSEY

Provider ID: 284763

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 923-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
923-8273

Provider Gender: Female

NPI: 1235653148

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


ARMEEN, GARY

Provider ID: 247035

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1760774863

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


BERGEN, SOPHEA

Provider ID: 295518


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6719 ALVARADO RD STE
308

SAN DIEGO, CA 92120

 Phone: (619) 265-7912

Fax: (619) 265-7922

 After Hours Phone: (619)
265-7912

Provider Gender: Female

NPI: 1558300665

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: 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
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1871859421




 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




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: 255558
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1407212376

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N



 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


CASTILLO, PATRICIA

Provider ID: 257530
Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

 3544 30TH ST
SAN DIEGO, CA 92104


 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424


Provider Gender: Female
NPI: 1376550657

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8:30AM-5PM




 Website: N/A
IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

PHYSICIANS ASSISTANT



DERISSI, DANA

Provider ID: 301632

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800

Provider Gender: Female
NPI: 1063829505

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Persian
Cultural Competency: N

Hospital Affiliation: LOMA
LINDA UNIVERSITY MED CTR,
RADY CHILDRENS HOSPITAL
SAN DIEGO

Medi-Cal Open Panel: No
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

PHYSICIANS ASSISTANT


GUTH, CARA

Provider ID: 299111

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 9333 GENESEE AVE STE
350

SAN DIEGO, CA 92121

 Phone: (858) 455-6460

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (858) 455-5362

☎ After Hours Phone: (858) 455-6460

Provider Gender: Female

NPI: 1992177182

📄 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

HASEGAWA, CHRIS

Provider ID: 247206

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1225698962

📄 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HASEGAWA, CHRIS

Provider ID: 287349

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4168 FRONT ST
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1225698962

📄 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HIGGINS, JOSHUA

Provider ID: 287133

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 203 W F ST
SAN DIEGO, CA 92101

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1861624181

📄 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HUNTER, JACOB

Provider ID: 287449

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 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: 298430

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1114459765

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT

PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

HUNTER, JACOB

Provider ID: 298428

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1114459765

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

LAM, DAVINA

Provider ID: 295651

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 6719 ALVARADO RD STE
308

SAN DIEGO, CA 92120

☎ Phone: (619) 265-7912

Fax: (619) 265-7922

☎ After Hours Phone: (619) 265-7912

Provider Gender: Female

NPI: 1245863737

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER, SCRIPPS

MEMORIAL HOSPITAL,
ALVARADO HOSP MED CTR,

GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

LAMBERT, GAGE

Provider ID: 214788

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1144672494

☑ Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


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 UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*

Fax: (858) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1194373514


 *Provider English Spoken: Y*
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT


MARTIN, HALEY

Provider ID: 305026

Board Certified Specialty: No UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1093440836

 *Provider English Spoken: Y*


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

MCADAMS, JOSEPH

Provider ID: 280611

Board Certified Specialty: No UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1104371251

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


MERRILL, COREY

Provider ID: 258040

Board Certified Specialty: No UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*


 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1386032308

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

NAKAMITSU, ABIGAIL

Provider ID: 268666


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 3030 CHILDRENS WAY FL 3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-8519

 After Hours Phone: (858) 966-6789

Provider Gender: Female

NPI: 1932459179

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT


PAUL, ROBERT

Provider ID: 307945

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 5395 RUFFIN RD STE 204
SAN DIEGO, CA 92123

 Phone: (858) 571-3630

Fax: (858) 295-3948

 After Hours Phone: (858) 571-3630

Provider Gender: Male

NPI: 1972811412

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT


PELIO, DARREN

Provider ID: 293444

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3900 5TH AVE STE 110
SAN DIEGO, CA 92103

 Phone: (800) 926-8278

Fax: (888) 539-8786

 After Hours Phone: (800) 926-8278

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


PELIO, DARREN

Provider ID: 293441

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8275

Fax: (888) 539-8783


 After Hours Phone: (800) 926-8275

Provider Gender: Male

NPI: 1386791028




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄





 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Website: N/A*
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

PERREAULT, MARK


Provider ID: 283586
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
 *After Hours Phone: (800)*
926-8273





Provider Gender: Male
NPI: 1356749451

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

PERREAULT, MARK

Provider ID: 283585
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4520 EXECUTIVE DR
 SAN DIEGO, CA 92121
 *Phone: (800) 926-8273*
 *After Hours Phone: (800)*
926-8273
Provider Gender: Male
NPI: 1356749451



 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 293247
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 *Phone: (858) 279-0925*
Fax: (858) 633-4680
 *After Hours Phone: (858)*
279-0925




Provider Gender: Female
NPI: 1639528110

 *Provider English Spoken: Y*
 *Provider Language(s)*



Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 293246
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
Fax: (858) 633-4680
 *After Hours Phone: (858)*
810-8700

Provider Gender: Female
NPI: 1639528110

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<hr/> PHYSICIANS ASSISTANT <hr/> PRIEST, VIVIAN Provider ID: 272430 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1225581754 Provider English Spoken: Y Provider Language(s) Spoken: Vietnamese Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	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	N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-4:30PM Website: N/A IPA: IHP of Southern Cal-PHP
<hr/> PHYSICIANS ASSISTANT <hr/> ROBERTS, AUDREY Provider ID: 253253 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (619) 543-7777 After Hours Phone: (619) 543-7777 Provider Gender: Female NPI: 1265960256 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	<hr/> PHYSICIANS ASSISTANT <hr/> QUIJANO, GLENN Provider ID: 307067 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 5395 RUFFIN RD STE 204 SAN DIEGO, CA 92123 Phone: (858) 571-3630 Fax: (858) 295-3948 After Hours Phone: (858) 571-3630 Provider Gender: Male NPI: 1407466030 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL):	
<hr/> PHYSICIANS ASSISTANT <hr/> PYLE, ALEXANDRA Provider ID: 297718 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 9333 GENESEE AVE STE 350		<hr/> PHYSICIANS ASSISTANT <hr/> RODRIGUES, ANNETTE Provider ID: 302452 Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1205381845

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL

HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

PHYSICIANS ASSISTANT

SCHMITT, EVA

Provider ID: 264176

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1174715106

Provider English Spoken: Y

Provider Language(s)

Spoken: German

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

PHYSICIANS ASSISTANT

SCHROEDER, JENNIFER

Provider ID: 256639

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (858) 453-1469

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780851253

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

SCHROEDER, JENNIFER

Provider ID: 256640

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780851253

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 243419
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1316102163

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP
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
UCSD MEDICAL GROUP
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

UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (619) 543-7496
After Hours Phone: (619) 543-7496
Provider Gender: Female
NPI: 1972595478
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1942724042
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WAHLIN, TAMARA

Provider ID: 299598

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female


NPI: 1083823322


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


WAHLIN, TAMARA

Provider ID: 299600

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1083823322


 Provider English Spoken: Y
Cultural Competency: N

Medi-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

UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


WEBB, SHANNON

Provider ID: 305285

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121

 Phone: (858) 750-2983

Fax: (858) 750-2984

 After Hours Phone: (858)
750-2983

Provider Gender: Female

NPI: 1821271685

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

WEIR, JACQUELINE

Provider ID: 278203

Board Certified Specialty: No
UCSD MEDICAL GROUP

9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WEIR, JACQUELINE

Provider ID: 278201

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST

SAN DIEGO, CA 92103

Phone: (800) 925-8271

Fax: (888) 539-8781

After Hours Phone: (800)
925-8271

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WEIR, JACQUELINE

Provider ID: 278200

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WRIGHT, DEREK

Provider ID: 302388

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3434 MIDWAY DR STE 2001

SAN DIEGO, CA 92110

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)
325-1161

Provider Gender: Male

NPI: 1629674858

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 18\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N



 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

PREVENTATIVE MEDICINE GENERAL

ROMERO, CAMILA






Provider ID: 293289
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 279-0925*
Fax: (858) 633-4680
 *After Hours Phone: (858) 279-0925*
Provider Gender: Female
NPI: 1508912130
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: French, Spanish*
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):

N



 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

PREVENTATIVE MEDICINE GENERAL

ROMERO, CAMILA

Provider ID: 293290
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
Fax: (858) 633-4680
 *After Hours Phone: (858) 810-8700*
Provider Gender: Female
NPI: 1508912130
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: French, Spanish*
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):

N






 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

PREVENTATIVE MEDICINE GENERAL



ROMERO, CAMILA

Provider ID: 303060
Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Female
NPI: 1508912130
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: French, Spanish*
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Medi-Cal Open 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
UCSD MEDICAL GROUP
 350 DICKINSON ST
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932522778

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

PSYCHIATRIC-MENTAL

HEALTH NURSE

PRACTITIONER

SIETSMA, ALEXANDRA

Provider ID: 276909

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932522778

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

ABERCROMBIE, SHERI

Provider ID: 293400

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

Provider Gender: Female

NPI: 1932292422

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:30AM-5:30PM

SA 8:30AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

ABERCROMBIE, SHERI

Provider ID: 290770

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 633-4680

☎ After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1932292422

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

BANKS, SARAH

Provider ID: 203173

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 200 W ARBOR DR FL 1

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273


☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

NPI: 1164701132


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST


BANKS, SARAH

Provider ID: 203174

Board Certified Specialty: No
UCSD MEDICAL GROUP


 4510 EXECUTIVE DR STE
325
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1164701132


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST

BANKS, SARAH

Provider ID: 304195

Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST


BASS, GURGIANA

Provider ID: 306550

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1639325277


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8AM-4:30PM
TU 8AM-0PM

W 8AM-4:30PM

TH 8AM-0PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST

BASS, GURGIANA

Provider ID: 290752

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

810-8700
Provider Gender: Female
NPI: 1639325277
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

CHESHER, NICHOLAS

Provider ID: 273811
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1124539697

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

CLEMENT, LUIS

Provider ID: 290745
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 2630 1ST AVE
SAN DIEGO, CA 92103
☎ Phone: (619) 234-2158

Fax: (619) 234-0206

🕒 After Hours Phone: (619)
234-2158

Provider Gender: Male
NPI: 1235364712

☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

DIOKNO, RHODA

Provider ID: 290800
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 2630 1ST AVE

SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158
Fax: (619) 234-0206

🕒 After Hours Phone: (619)
234-2158

Provider Gender: Female
NPI: 1629109483

☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

FIRESTONE, MICHELLE

Provider ID: 290773
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 810-8700
Fax: (858) 633-4680

🕒 After Hours Phone: (858)
810-8700



Provider Gender: Female
NPI: 1114687803

☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP



PSYCHOLOGIST

FIRESTONE, MICHELLE

Provider ID: 290954
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 279-0925*
Fax: (858) 633-4680
 *After Hours Phone: (858) 279-0925*

Provider Gender: Female
NPI: 1114687803


 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST



FORZANI, CHRISTINA

Provider ID: 290780
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4290 POLK AVE
SAN DIEGO, CA 92105
 *Phone: (619) 563-0250*

Fax: (858) 633-4681
 *After Hours Phone: (619) 563-0250*


Provider Gender: Female
NPI: 1902939630

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


GIAMONA, KRISTEN

Provider ID: 294171
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 279-0925*
Fax: (858) 633-4680
 *After Hours Phone: (858) 279-0925*

Provider Gender: Female
NPI: 1376824383




 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*


 *Website: N/A*
IPA: IHP of Southern Cal-PHP



PSYCHOLOGIST

GIAMONA, KRISTEN

Provider ID: 290801
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
Fax: (858) 633-4680
 *After Hours Phone: (858) 810-8700*

Provider Gender: Female
NPI: 1376824383

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\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
UCSD MEDICAL GROUP
 6030 VILLAGE WAY
SAN DIEGO, CA 92130
 *Phone: (800) 926-8372*
Fax: (888) 539-8781
 *After Hours Phone: (800)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

926-8372
Provider Gender: Female
NPI: 1790915759
 Provider English Spoken: Y
 Provider Language(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

PSYCHOLOGIST

KLUEMPER, NICOLE
Provider ID: 296237
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
Fax: (858) 633-4680
 After Hours Phone: (858)
279-0925
Provider Gender: Female
NPI: 1902125818
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST
KLUEMPER, NICOLE
Provider ID: 290792
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
Fax: (858) 633-4680
 After Hours Phone: (858)
810-8700
Provider Gender: Female
NPI: 1902125818

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

LABIB, MICHAEL
Provider ID: 301617
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1666 PRECISION PARK LN
SAN DIEGO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 785-3384
 After Hours Phone: (619)

662-4100
Provider Gender: Male
NPI: 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
UCSD MEDICAL GROUP
 7910 FROST ST STE 350
SAN DIEGO, CA 92123
 Phone: (858) 496-4800
 After Hours Phone: (858)
496-4800
Provider Gender: Female
NPI: 1134788730
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

**LEBENSOHN CHIALVO,
FLORENCIA**


Provider ID: 245224

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1134788730

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

LINKE, SARAH

Provider ID: 273638

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 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: 273639

Board Certified Specialty: No
UCSD MEDICAL GROUP

 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

MAGINOT-CHESHER, TAMARA

Provider ID: 273223

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR
SAN DIEGO, CA 92121

 Phone: (858) 534-8019

Fax: (858) 534-6727


 After Hours Phone: (858)
534-8019

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP

 286 EUCLID AVE STE 302
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 428-7952

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1528306206

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST

MONTOYA, JESSICA

Provider ID: 274619

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST FL 3
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1003421256

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST

NING, GRACE

Provider ID: 296219

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST

NING, GRACE

Provider ID: 290742

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680


 After Hours Phone: (858)
810-8700

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST


NORMAN, MARC

Provider ID: 272916

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (619) 543-2827

 After Hours Phone: (619)
543-2827

Provider Gender: Male

NPI: 1922169101

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

NORMAN, MARC

Provider ID: 276869

Board Certified Specialty: No
UCSD MEDICAL GROUP

 350 DICKINSON ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1922169101

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST


ORFF, HENRY


Provider ID: 273009

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

 Phone: (844) 757-5337

 After Hours Phone: (844)
757-5337

Provider Gender: Male

NPI: 1144685215


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST

ORTIZ, MARIA

Provider ID: 290721

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 662-4158

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1497980775

 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


PATTERSON-HYATT, KIMBERLY

Provider ID: 290730

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4690 EL CAJON BLVD
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 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

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844)
200-2426

Provider Gender: Female

NPI: 1467737908

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: Community Care IPA LLC

PSYCHOLOGIST


RADOJEVIC, NATASHA

Provider ID: 306574

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)

279-0925

Provider Gender: Female

NPI: 1821365008

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU
8:30AM-5:30PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


RADOJEVIC, NATASHA

Provider ID: 290690

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1821365008

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


PROVIDER
 Hours: M-TU
 8:30AM-5:30PM
 TH-F 8:30AM-5:30PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

SALO, STEPHANIE
 Provider ID: 307831
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE
 SAN DIEGO, CA 92105
 Phone: (619) 563-0250
 Fax: (858) 633-4681
 After Hours Phone: (619)
 563-0250


Provider Gender: Female
 NPI: 1477967784

 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 17\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER




 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

SHELLINGER, KRISTON
 Provider ID: 213752
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 330 LEWIS ST
 SAN DIEGO, CA 92103
 Phone: (858) 246-1979
 After Hours Phone: (858)
 246-1979

Provider Gender: Female
 NPI: 1710234273


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, UCSD LA JOLLA JOHN
 SALLY THORNTON, UCSD
 MEDICAL CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER




 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

PSYCHOLOGIST

SHELLINGER, KRISTON
 Provider ID: 213750
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
 200
 SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273


Provider Gender: Female
 NPI: 1710234273


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, UCSD LA JOLLA JOHN
 SALLY THORNTON, UCSD
 MEDICAL CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

PSYCHOLOGIST

SHELLINGER, KRISTON
 Provider ID: 213751
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD
 STE 200
 SAN DIEGO, CA 92131
 Phone: (858) 246-1979
 After Hours Phone: (858)
 246-1979

Provider Gender: Female
 NPI: 1710234273

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, UCSD LA JOLLA JOHN
 SALLY THORNTON, UCSD
 MEDICAL CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST


TARLE, STEPHANIE

Provider ID: 303115

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1659920403

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

TO, TUAN


Provider ID: 290283

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE

SAN DIEGO, CA 92105


 Phone: (619) 563-0250


Fax: (858) 633-4681

 After Hours Phone: (619)
563-0250

Provider Gender: Male

NPI: 1255696183

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


TO, TUAN

Provider ID: 290285

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111


 Phone: (858) 279-0925


Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1255696183

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


TO, TUAN

Provider ID: 290284

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Male

NPI: 1255696183

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PSYCHOLOGIST

TWAMLEY, ELIZABETH

Provider ID: 290717

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

Fax: (619) 687-1067

After Hours Phone: (619)
233-8500

Provider Gender: Female

NPI: 1700089141

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-W 8:30AM-5PM
TH 8:30AM-9PM
F 8:30AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PUBLIC HEALTH

PREVENTATIVE MEDICINE

SOZANSKI, JESSE

Provider ID: 200925

Board Certified Specialty: No
UCSD MEDICAL GROUP

9333 GENESEE AVE STE
200
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437446622

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PULMONARY DISEASES

BAILEY, JACOB

Provider ID: 299923

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W 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
UCSD MEDICAL GROUP

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1598150039

Provider English Spoken: Y
Cultural Competency: N

Medi-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: 238061

Board Certified Specialty: No
UCSD MEDICAL GROUP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

4520 EXECUTIVE DR STE 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

JOSHUA, JISHA

Provider ID: 238062

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PULMONARY DISEASES

LE, HUAN

Provider ID: 300636

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

5507 EL CAJON BLVD STE C

SAN DIEGO, CA 92115

Phone: (619) 582-1448

Fax: (619) 582-1081

After Hours Phone: (619) 582-1448

Provider Gender: Male

NPI: 1780797381

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish, Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-W 9AM-5PM

TH 8AM-1PM

F 9AM-6PM

SA 8AM-11AM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

PULMONARY DISEASES

LE, HUAN

Provider ID: 27358

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5507 EL CAJON BLVD STE C

SAN DIEGO, CA 92115

Phone: (619) 582-1448

Fax: (619) 582-1081

After Hours Phone: (619) 582-1448

Provider Gender: Male

NPI: 1780797381

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish, Vietnamese

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


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

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
UCSD MEDICAL GROUP*

 *200 W 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):

 *Accessibility: CONTACT
PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


PULMONARY DISEASES

PEARCE, ALEX

Provider ID: 300055

*Board Certified Specialty: No
UCSD MEDICAL GROUP*

 *200 W 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
COMMUNITY CARE IPA LLC*

 *7901 FROST ST
SAN DIEGO, CA 92123*

 *Phone: (858) 939-5010
Fax: (619) 740-8499*

 *After Hours Phone: (858)
939-5010*

Provider Gender: Male

NPI: 1275929242

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

*Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp*


*Grossmont Hospital, SHARP
MEMORIAL HOSPITAL*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC

RADIATION ONCOLOGY









COLEMAN, LORI

Provider ID: 221091

*Board Certified Specialty: No
COMMUNITY CARE IPA LLC*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






D. 專業提供者目錄

 3075 HEALTH CENTER DR
SAN DIEGO, CA 92123
 Phone: (858) 939-5010
Fax: (858) 939-5021
 After Hours Phone: (858)
939-5010
Provider Gender: Female
NPI: 1053348920
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
PALOMAR MEDICAL CENTER,
Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

HATTANGADI-GLUTH, JONA

Provider ID: 254496
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
 Phone: (858) 649-5100

Fax: (858) 649-5099
 After Hours Phone: (858)
649-5100
Provider Gender: Female
NPI: 1467625491
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-5PM
F 8AM-8PM
 Website: N/A
IPA: Community Care IPA LLC,
Imperial Health Holdings
Medical Group-SD

RADIATION ONCOLOGY

HATTANGADI-GLUTH, JONA

Provider ID: 262270
Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD
 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
 Phone: (858) 649-5100
Fax: (858) 649-5099
 After Hours Phone: (858)
649-5100
Provider Gender: Female
NPI: 1467625491

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-5PM
F 8AM-8PM
 Website: N/A
IPA: Community Care IPA LLC,
Imperial Health Holdings
Medical Group-SD




RADIATION ONCOLOGY

HOOPES, DAVID

Provider ID: 262206
Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD
 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
 Phone: (858) 649-5100
Fax: (858) 649-5099
 After Hours Phone: (858)
649-5100
Provider Gender: Male
NPI: 1962520080
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄








MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
Imperial Health Holdings
Medical Group-SD

RADIATION ONCOLOGY

HOOPES, DAVID
Provider ID: 269725
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
 Phone: (858) 649-5100
Fax: (858) 649-5099
 After Hours Phone: (858)
649-5100
Provider Gender: Male
NPI: 1962520080
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON









Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
Imperial Health Holdings
Medical Group-SD

RADIATION ONCOLOGY

TRINGALE, KATHRYN
Provider ID: 306883
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 9730 SUMMERS RIDGE RD
STE 101
SAN DIEGO, CA 92121
 Phone: (858) 345-2445
Fax: (858) 578-1144
 After Hours Phone: (858)
345-2445
Provider Gender: Female
NPI: 1780172031
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

IPA: Rady Childrens Health
Network

RADIATION ONCOLOGY

VOLPP, PAUL
Provider ID: 221105
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 3075 HEALTH CENTER DR
SAN DIEGO, CA 92123
 Phone: (858) 939-5010
Fax: (858) 939-5021
 After Hours Phone: (858)
939-5010
Provider Gender: 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

RADIOLOGY DIAGNOSTIC

BERMAN, ZACHARY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 304163

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033521190

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-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: 269318

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033521190

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

BRANCH, CODY

Provider ID: 283675

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

BRANCH, CODY

Provider ID: 304199

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADIOLOGY DIAGNOSTIC

CARSWELL, AIMEE

Provider ID: 304194

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (858) 795-1195

After Hours Phone: (858)
554-1212

Provider Gender: Female

NPI: 1619156635

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CARSWELL, AIMEE

Provider ID: 303055

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (858) 795-1195

After Hours Phone: (858)
554-1212

Provider Gender: Female

NPI: 1619156635

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CARSWELL, AIMEE

Provider ID: 303054

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (858) 795-1195

After Hours Phone: (858)
554-1212

Provider Gender: Female

NPI: 1619156635

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CHENG, KAREN

Provider ID: 283226

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1427430511

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CHENG, KAREN

Provider ID: 283228

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST STE 202
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1427430511

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CHENG, KAREN

Provider ID: 304207

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1427430511

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CHEWNING, RUSH

Provider ID: 301914

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

Phone: (858) 966-8863
Fax: (858) 966-8863

After Hours Phone: (858)
966-8863

Provider Gender: Male

NPI: 1083872212

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

RADIOLOGY DIAGNOSTIC

FAZELI, SOUDABEH

Provider ID: 304171

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639553613

Provider English Spoken: Y
Cultural Competency: N

Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 299992

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639553613

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

FAZELI, SOUDABEH

Provider ID: 299991

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639553613

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

FORCIER, NANCY

Provider ID: 286954

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1497721724

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL,

Providence Mission Hospital

Medi-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
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1497721724

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL,

Providence Mission Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

FOWLER, KATHRYN

Provider ID: 201291

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

926-8273
Provider Gender: Female
NPI: 1255457941
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS GREEN HOSPITAL,
SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

FOWLER, KATHRYN

Provider ID: 201289
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1255457941
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS GREEN HOSPITAL,
SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

GRISSOM, MURRAY

Provider ID: 271569
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 330 LEWIS ST STE 202
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1720465396
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, Stanford Health
Care, STANFORD HEALTH
CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

GRISSOM, MURRAY


Provider ID: 271567
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1720465396
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, Stanford Health
Care, STANFORD HEALTH
CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY

Provider ID: 282791

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST STE 202
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1992120026

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY

Provider ID: 282789

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1992120026

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


HORKY, LAURA

Provider ID: 241853

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

JAFFRAY, PAUL

Provider ID: 299957

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92103
☎ Phone: (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
UCSD MEDICAL GROUP
📍 330 LEWIS ST
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1275700999
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Los

Angeles General Medical Center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

JAFFRAY, PAUL
Provider ID: 304165
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1275700999
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Los Angeles General Medical Center
Medi-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
UCSD MEDICAL GROUP
📍 330 LEWIS ST STE 202
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770825457
🗣 Provider English Spoken: Y
🗣 Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, PROVIDENCE LITTLE CO OF MARY MED CTR TORRANCE, PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO
Medi-Cal Open Panel: Yes
Min/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

JAZBEH, SAMMER

Provider ID: 304167

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1770825457

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, PROVIDENCE

LITTLE CO OF MARY MED CTR

TORRANCE, PROVIDENCE

LITTLE CO OF MARY MED CTR

SAN PEDRO

Medi-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

UCSD MEDICAL GROUP

200 W 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, PROVIDENCE

LITTLE CO OF MARY MED CTR

TORRANCE, PROVIDENCE

LITTLE CO OF MARY MED CTR

SAN PEDRO

Medi-Cal Open Panel: Yes

Min/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

KHURANA, AMAN

Provider ID: 307765

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1427496710

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

KHURANA, AMAN

Provider ID: 307766

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1427496710

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p>N ☎ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group</p> <hr/> <p>RADIOLOGY DIAGNOSTIC KHURANA, AMAN Provider ID: 307768 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 200 W ARBOR DR SAN DIEGO, CA 92103 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1427496710 ☑ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ☎ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group</p> <hr/> <p>RADIOLOGY DIAGNOSTIC KONDILI, DHIMITER Provider ID: 283143 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 200 W ARBOR DR SAN DIEGO, CA 92103</p>	<p>☎ 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</p> <hr/> <p>RADIOLOGY DIAGNOSTIC KONDILI, DHIMITER Provider ID: 283145 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 330 LEWIS ST STE 202 SAN DIEGO, CA 92103 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1699125450 ☑ Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: EISENHOWER MEDICAL CTR</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ☎ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group</p> <hr/> <p>RADIOLOGY DIAGNOSTIC MARKS, ROBERT Provider ID: 300065 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 330 LEWIS ST SAN DIEGO, CA 92103 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1952389934 ☑ Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: ST MARY MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ☎ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group</p> <hr/> <p>RADIOLOGY DIAGNOSTIC</p>
---	---	---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MARKS, ROBERT

Provider ID: 300064

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: ST MARY
MEDICAL CENTER

Medi-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
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SADAT, SAYED

Provider ID: 299968

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SADAT, SAYED

Provider ID: 299969

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SADAT, SAYED

Provider ID: 304202

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


SCHULTZ, HEATHER

Provider ID: 240344

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST STE 202
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC


SCHULTZ, HEATHER

Provider ID: 240342

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/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: 299948

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1134570641

 Provider English Spoken: Y
Cultural Competency: N

Medi-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: 299949

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1134570641


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADIOLOGY DIAGNOSTIC

SLATER, JERRY

Provider ID: 283312

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 330 LEWIS ST STE 202
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1851746382

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, LOMA LINDA

UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SLATER, JERRY

Provider ID: 283310

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1851746382

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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: 303048

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1992919666

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR

Medi-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: 303049

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 330 LEWIS ST
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1992919666

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR






















Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<hr/> <p><u>RADIOLOGY DIAGNOSTIC</u></p> <p>SWEET, JASON</p> <p><i>Provider ID: 305028</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 6655 ALVARADO RD SAN DIEGO, CA 92120</p> <p> <i>Phone: (800) 926-8273</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1326197393</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>
<hr/> <p><u>RADIOLOGY DIAGNOSTIC</u></p> <p>STRAKA, CHRISTOPHER</p> <p><i>Provider ID: 276875</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>COMMUNITY CARE IPA LLC</i></p> <p> 16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127</p> <p> <i>Phone: (858) 649-5100</i></p> <p><i>Fax: (858) 649-5099</i></p> <p> <i>After Hours Phone: (858) 649-5100</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1801281399</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 17\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p>	<hr/> <p><u>RADIOLOGY DIAGNOSTIC</u></p> <p>TADDONIO, MICHAEL</p> <p><i>Provider ID: 240405</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1386987261</i></p> <p> <i>Provider English Spoken: Y</i></p>	<hr/> <p><u>RADIOLOGY DIAGNOSTIC</u></p> <p>TADDONIO, MICHAEL</p> <p><i>Provider ID: 240408</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 4168 FRONT ST SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1386987261</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 **Accessibility:** CONTACT PROVIDER

 **Hours:** M-F 8AM-5PM

 **Website:** N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


TADDONIO, MICHAEL

Provider ID: 240407

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 **Phone:** (800) 926-8273

 **After Hours Phone:** (800)
926-8273

Provider Gender: Male

NPI: 1386987261

 **Provider English Spoken:** Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER

 **Hours:** M-F 8AM-5PM

 **Website:** N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

TADDONIO, MICHAEL

Provider ID: 304179

Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 **Phone:** (800) 926-8273

Fax: (888) 539-8781

 **After Hours Phone:** (800)
926-8273

Provider Gender: Male

NPI: 1386987261

 **Provider English Spoken:** Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER

 **Website:** N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

TADROS, ANTHONY

Provider ID: 268546

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 **Phone:** (800) 926-8273

Fax: (888) 539-8781

 **After Hours Phone:** (800)
926-8273

Provider Gender: Male

NPI: 1306112057

 **Provider English Spoken:** Y

 **Provider Language(s)**
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER

 **Hours:** M-F 8AM-5PM

 **Website:** N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

TADROS, ANTHONY

Provider ID: 304150

Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 **Phone:** (800) 926-8273

Fax: (888) 539-8781

 **After Hours Phone:** (800)
926-8273

Provider Gender: Male

NPI: 1306112057

 **Provider English Spoken:** Y

 **Provider Language(s)**
Spoken: Spanish

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

THOMPSON, COLE

Provider ID: 304175

Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 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
UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1700315264

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

THOMPSON, COLE

Provider ID: 299988

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W 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

UNSDORFER, KYLE

Provider ID: 300034

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1285165183

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

UNSDORFER, KYLE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 300035
Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1285165183
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

VAHDAT, NOUSHIN
Provider ID: 300070
Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1396700852
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

VAHDAT, NOUSHIN
Provider ID: 300071
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1396700852
Provider English Spoken: Y
Cultural Competency: N

Medi-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
COMMUNITY CARE IPA LLC

5395 RUFFIN RD STE 103

SAN DIEGO, CA 92123
Phone: (858) 505-4100
Fax: (858) 429-7939
After Hours Phone: (858)
505-4100
Provider Gender: Male
NPI: 1427456151
Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH
Provider ID: 283205
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

3366 5TH AVE
SAN DIEGO, CA 92103
Phone: (619) 230-0400
Fax: (858) 429-7936
After Hours Phone: (619)
230-0400

Provider Gender: Male
NPI: 1427456151
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

RADIOLOGY DIAGNOSTIC

YORK, VINCENT

Provider ID: 283517


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1790146611

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


YORK, VINCENT

Provider ID: 283519

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST STE 202
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1790146611

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

ZAPALA, MATTHEW


Provider ID: 307678

Board Certified Specialty: No

UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

ZAPALA, MATTHEW


Provider ID: 307676

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, UCSF

Medical Center At Mission Bay,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UCSF MEDICAL CENTER AT
MOUNT ZION

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


ZAPALA, MATTHEW

Provider ID: 307675

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF
MEDICAL CENTER, UCSF

Medical Center At Mission Bay,


UCSF MEDICAL CENTER AT
MOUNT ZION

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

REGISTERED DIETITIAN / NUTRITIONIST

CALLAWAY, MALLORY

Provider ID: 287926

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1477207611

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (619) 471-0438

Fax: (619) 543-3763

 After Hours Phone: (619)
471-0438

Provider Gender: Female

NPI: 1538312657

 Provider English Spoken: Y
Cultural Competency: N

Medi-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
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1356478929

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST


AGUERO, PETER

Provider ID: 258299

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
310

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982120861


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

AGUERO, PETER

Provider ID: 258298

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER
LN STE 200

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 1982120861

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

BARTZ, BRYAN

Provider ID: 273381

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER
LN STE 200

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1669818993

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


REGISTERED PHYSICAL THERAPIST

BARTZ, BRYAN

Provider ID: 273380

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1669818993

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No
UCSD MEDICAL GROUP

 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
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1285061390


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

BUNOSKY, ABIGAIL

Provider ID: 258304

 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

BUNOSKY, ABIGAIL

Provider ID: 246022

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781


 After Hours Phone: (800)
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1639693187

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


REGISTERED PHYSICAL THERAPIST

COSTELLO, MARK

Provider ID: 295634

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP



 7510 CLAIREMONT MESA
BLVD STE 103
SAN DIEGO, CA 92111

 Phone: (818) 894-2273
Fax: (818) 357-2505

 After Hours Phone: (818)
894-2273

Provider Gender: Male

NPI: 1710193602

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic, Armenian,
Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: IHP of Southern Cal-PHP


REGISTERED PHYSICAL THERAPIST

DANG, ERIC

Provider ID: 258363

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER
LN STE 200
SAN DIEGO, CA 92122

 Phone: (858) 543-3333
Fax: (858) 657-1809

 After Hours Phone: (858)
543-3333

Provider Gender: Male


NPI: 1891237756

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

DANG, KAYLEE

Provider ID: 279261

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
COMMUNITY CARE IPA LLC

📍 3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110

☎ Phone: (619) 325-1161

Fax: (619) 325-1717

☎ After Hours Phone: (619)
325-1161

Provider Gender: Male

NPI: 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
IHP OF SOUTHERN CAL-PHP

📍 3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110

☎ Phone: (619) 325-1161

Fax: (619) 325-1717

☎ After Hours Phone: (619)
325-1161

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1730834417

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

MC ELROY, CARTER

Provider ID: 206523

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781


☎ After Hours Phone: (800)
926-8273


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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): IPA: UCSD Medical Group

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST


MC ELROY, CARTER

Provider ID: 206522

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER
LN STE 200

SAN DIEGO, CA 92122

 Phone: (855) 543-0333


Fax: (858) 657-6873

 After Hours Phone: (855)
543-0333

Provider Gender: Male

NPI: 1114472230

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Thai

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST


NGUYEN, HARRY

Provider ID: 271871

Board Certified Specialty: No
UCSD MEDICAL GROUP


 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1629558499

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


REGISTERED PHYSICAL THERAPIST

RICKERTS, MATTHEW

Provider ID: 287652

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1063882579

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


REGISTERED PHYSICAL THERAPIST

RUDD, CHRISTOPHER

Provider ID: 207560

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1831539337

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

SKINNER, NICOLE

Provider ID: 206547

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1386964997

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

VANDEWIELE, EMILY

Provider ID: 285183

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800)*
926-8273

Provider Gender: Female

NPI: 1942818505

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

VASQUEZ, BENJAMIN

Provider ID: 302870

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4910 DIRECTORS PL
SAN DIEGO, CA 92121

☎ *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ *After Hours Phone: (800)*
926-8273

Provider Gender: Male

NPI: 1568938413

☑ *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

🌐 *Website: N/A*

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

WALKER, JULIE

Provider ID: 258489

Board Certified Specialty: No
UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER
LN STE 200
SAN DIEGO, CA 92122

Phone: (855) 543-0333

Fax: (858) 535-6422

After Hours Phone: (855)
543-0333

Provider Gender: Female

NPI: 1720489503

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

WILLIAMS, STACY

Provider ID: 259683

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

WILLIAMS, STACY

Provider ID: 259684

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 1
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SLEEP MEDICINE

FINCH, CHRISTINA

Provider ID: 299938

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-7283

Fax: (888) 539-8781

After Hours Phone: (800)
926-7283

Provider Gender: Female

NPI: 1598255325

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: Rady Childrens Health
Network, UCSD Medical Group

SLEEP MEDICINE

FINCH, CHRISTINA

Provider ID: 299939

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1598255325

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

SPEECH PATHOLOGIST

AROCHO-SALGADO, MIRELIS

Provider ID: 296929

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

AROCHO-SALGADO, MIRELIS

Provider ID: 296932

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7510 CLAIREMONT MESA
BLVD STE 103
SAN DIEGO, CA 92111

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

AROCHO-SALGADO, MIRELIS

Provider ID: 296930

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

9655 GRANITE RIDGE DR
STE 200
SAN DIEGO, CA 92123

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

CLARK, MELISSA

Provider ID: 296922

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP OF SOUTHERN CAL-PHP

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
IHP OF SOUTHERN CAL-PHP

9655 GRANITE RIDGE DR
STE 200
SAN DIEGO, CA 92123

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1760546428

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Armenian,
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: SU 7AM-7PM
M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

CLARK, MELISSA

Provider ID: 296920

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 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

DURNAN, CASSANDRA

Provider ID: 307882

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1073873501

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER


















Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

<p><u>SPEECH PATHOLOGIST</u></p> <p>DURNAN, CASSANDRA Provider ID: 307883 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  9655 GRANITE RIDGE DR STE 200 SAN DIEGO, CA 92123  Phone: (877) 757-8353 Fax: (818) 357-2505  After Hours Phone: (877) 757-8353 Provider Gender: Female NPI: 1073873501  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 7AM-7PM  Website: N/A IPA: IHP of Southern Cal-PHP</p>	 After Hours Phone: (877) 757-8353 Provider Gender: Female NPI: 1073873501  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 7AM-7PM  Website: N/A IPA: IHP of Southern Cal-PHP	N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
<p><u>SPEECH PATHOLOGIST</u></p> <p>DURNAN, CASSANDRA Provider ID: 307885 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  8929 AERO DR STE E SAN DIEGO, CA 92123  Phone: (877) 757-8353 Fax: (818) 357-2505</p>	<p><u>SPEECH PATHOLOGIST</u></p> <p>SCHIEDERMAYER, BENJAMIN Provider ID: 288937 Board Certified Specialty: No UCSD MEDICAL GROUP  8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1164979837  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL):</p>	<p><u>SPEECH PATHOLOGIST</u></p> <p>UNGER, LINDSEY Provider ID: 207202 Board Certified Specialty: No UCSD MEDICAL GROUP  8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1972936813  Provider English Spoken: Y  Provider Language(s) Spoken: Sign Language Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IPA: UCSD Medical Group

SURGERY COLON SURGERY

EISENSTEIN, SAMUEL

Provider ID: 286384

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (858) 657-7237

After Hours Phone: (858)
657-7237

Provider Gender: Male

NPI: 1194983932

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY COLON SURGERY

EISENSTEIN, SAMUEL

Provider ID: 286363

Board Certified Specialty: No

UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1194983932

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

SURGERY COLON SURGERY

EISENSTEIN, SAMUEL

Provider ID: 286364

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1194983932

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY COLON SURGERY

LIU, SHANGLEI

Provider ID: 273363

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1043558653

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, 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

UCSD MEDICAL GROUP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-6886

After Hours Phone: (619)
543-6886

Provider Gender: Female
NPI: 1518163005

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY COLON SURGERY

PARRY, LISA

Provider ID: 286341

Board Certified Specialty: No
UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1235369067

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY COLON SURGERY

PARRY, LISA

Provider ID: 278553

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1235369067

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SURGERY COLON SURGERY

RAMAMOORTHY, SONIA

Provider ID: 286370

Board Certified Specialty: No
UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 529-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801812656

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY CRITICAL CARE

ADAMS, LAURA

Provider ID: 284407

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1144616541

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY CRITICAL CARE

POTENZA, BRUCE

Provider ID: 277298

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-7200

After Hours Phone: (619)
543-7200

Provider Gender: Male

NPI: 1548281496

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY CRITICAL CARE

VENTRO, GEORGE

Provider ID: 284418

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1548604648

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770742264
🗣 Provider English Spoken: Y
🗣 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

ARMANI, AVA

Provider ID: 282141
Board Certified Specialty: Yes
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (858) 822-6100
🕒 After Hours Phone: (858) 822-6100
Provider Gender: Female
NPI: 1861759383
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF
MEDICAL CENTER, UCSF
Medical Center At Mission Bay,
UCSF MEDICAL CENTER AT
MOUNT ZION, UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

BARNES, RYAN

Provider ID: 129062
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 7910 FROST ST STE 250

SAN DIEGO, CA 92123
☎ Phone: (858) 565-0104
Fax: (858) 565-0194
🕒 After Hours Phone: (858) 565-0104
Provider Gender: Male
NPI: 1831493501
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR, PALOMAR
HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 9AM-4:30PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

SURGERY GENERAL


BARNES, RYAN

Provider ID: 299904
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 7910 FROST ST STE 250
SAN DIEGO, CA 92123
☎ Phone: (858) 565-0104
Fax: (858) 565-0194
🕒 After Hours Phone: (858) 565-0104
Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP

 7910 FROST ST STE 250
SAN DIEGO, CA 92123


 Phone: (858) 565-0104

Fax: (858) 565-0194

 After Hours Phone: (858)
565-0104

Provider Gender: Male

NPI: 1669700753

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP


CORONADO HOSP AND
HEALTHCARE CTR, KERN
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 9AM-5PM
F 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


SURGERY GENERAL

BENCH, SHAWN


Provider ID: 129060

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

 7910 FROST ST STE 250
SAN DIEGO, CA 92123

 Phone: (858) 565-0104

Fax: (858) 565-0194

 After Hours Phone: (858)
565-0104

Provider Gender: Male

NPI: 1669700753

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP


CORONADO HOSP AND
HEALTHCARE CTR, KERN
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 9AM-5PM
F 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


SURGERY GENERAL

BERUMEN, JENNIFER

Provider ID: 260052

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8001 FROST ST
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1558566372

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


SURGERY GENERAL


BRODERICK, RYAN

Provider ID: 247073

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1619252418

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

BRODERICK, RYAN


Provider ID: 286342

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1619252418

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL


BRODERICK, RYAN


Provider ID: 201617

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE 111

SAN DIEGO, CA 92121

 Phone: (858) 657-8860

 After Hours Phone: (858) 657-8860

Provider Gender: Male

NPI: 1619252418

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY GENERAL


BRUBAKER, ALEAH

Provider ID: 285272

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE 7
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790104305

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

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*

IPA: Rady Childrens Health Network, UCSD Medical Group


SURGERY GENERAL

BRUBAKER, ALEAH

Provider ID: 289164

*Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK*

 *8001 FROST ST
SAN DIEGO, CA 92123*

 *Phone: (858) 966-8354
Fax: (858) 966-5815*

 *After Hours Phone: (858) 966-8354*

Provider Gender: Female

NPI: 1790104305

 *Provider English Spoken: Y
Cultural Competency: N*

Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Rady Childrens Health


Network, UCSD Medical Group

SURGERY GENERAL


CASILLAS BERUMEN, SERGIO

Provider ID: 304608

*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*

 *6719 ALVARADO RD STE
303*

SAN DIEGO, CA 92120


 *Phone: (619) 500-7699*


Fax: (619) 483-3997

 *After Hours Phone: (619) 500-7699*

Provider Gender: Male

NPI: 1437470762

 *Provider English Spoken: Y*

 *Provider Language(s)*

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, 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
IHP OF SOUTHERN CAL-PHP*

 *6402 EL CAJON BLVD STE
100*

SAN DIEGO, CA 92115

 *Phone: (619) 582-4490*

Fax: (619) 501-9702

 *After Hours Phone: (619) 582-4490*

Provider Gender: Male

NPI: 1437470762

 *Provider English Spoken: Y*

 *Provider Language(s)*

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, 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







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

FAIRBANKS, TIMOTHY

Provider ID: 260842
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
 *Phone: (858) 966-7711*
Fax: (858) 966-7712
 *After Hours Phone: (858) 966-7711*
Provider Gender: Male
NPI: 1407010556
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

 *Website: N/A*
IPA: Rady Childrens Health Network

SURGERY GENERAL

HORGAN, SANTIAGO


Provider ID: 286379
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (619) 471-0700*
 *After Hours Phone: (619) 471-0700*
Provider Gender: Male
NPI: 1932297231
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group


SURGERY GENERAL

HORGAN, SANTIAGO

Provider ID: 286367

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*
Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1932297231

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

SURGERY GENERAL

IGNACIO, ROMEO

Provider ID: 217053

Board Certified Specialty: No







RADY CHILDRENS HEALTH

NETWORK

 8110 BIRMINGHAM WAY FL 2

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄



SAN DIEGO, CA 92123
 Phone: (858) 966-7711
 After Hours Phone: (858) 966-7711
 Provider Gender: Male
 NPI: 1538147145
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network




SURGERY GENERAL

JACOBSEN, GARTH
 Provider ID: 286355
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 4303 LA JOLLA VILLAGE DR STE 2110
 SAN DIEGO, CA 92122
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Male
 NPI: 1265649966
 Provider English Spoken: Y





Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

SURGERY GENERAL

JACOBSEN, GARTH
 Provider ID: 201729
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 4520 EXECUTIVE DR STE 111
 SAN DIEGO, CA 92121
 Phone: (858) 657-8860
 After Hours Phone: (858) 657-8860
 Provider Gender: Male
 NPI: 1265649966
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

SURGERY GENERAL

JACOBSEN, GARTH
 Provider ID: 286356
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Male
 NPI: 1265649966
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

SURGERY GENERAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MUELLER, GEORGE

Provider ID: 54298

Board Certified Specialty: No
SAN DIEGO GEN AND
VASCULAR SURGEONS MED
GRP INC

7910 FROST ST STE 250
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8:30AM-5PM
F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

SURGERY GENERAL

MUELLER, GEORGE

Provider ID: 300091

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 250
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8:30AM-5PM
F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

SURGERY GENERAL

POLLACK, LARRY

Provider ID: 54346

Board Certified Specialty: Yes

SAN DIEGO GEN AND

VASCULAR SURGEONS MED

GRP INC

7910 FROST ST STE 250
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)
565-0104

Provider Gender: Male

NPI: 1104998400

Provider English Spoken: Y

Provider Language(s)

Spoken: German, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 9AM-5PM
F 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC

SURGERY GENERAL

SANDLER, BRYAN

Provider ID: 286383

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1043410186

Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


SURGERY GENERAL

SANDLER, BRYAN

Provider ID: 286357

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1043410186


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY GENERAL

SANTORELLI, JARRETT

Provider ID: 272303

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

VASCULAR


AL-NOURI, OMAR

Provider ID: 275349

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE
215

SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

VASCULAR

BARLEBEN, ANDREW

Provider ID: 275372

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE
215

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SAN DIEGO, CA 92121
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1497936900
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

SURGERY HAND

CAGE, DORI

Provider ID: 296731
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 8008 FROST ST STE 403
SAN DIEGO, CA 92123
☎ Phone: (858) 715-9200
Fax: (858) 715-9202
🕒 After Hours Phone: (858) 715-9200
Provider Gender: Female
NPI: 1871592253
☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY HAND ORTHOPEDIC

STEPHENSON, SAMUEL

Provider ID: 284934
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1578058665
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY

THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group




SURGERY NEUROLOGICAL

BARBA, DAVID

Provider ID: 244087
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (619) 543-5720
🕒 After Hours Phone: (619) 543-5720
Provider Gender: Male
NPI: 1093730251
☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

SURGERY NEUROLOGICAL

BELVERUD, SHAWN

Provider ID: 202333
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1073817268
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: UCSD Medical Group



SURGERY NEUROLOGICAL

BEN-HAIM, SHARONA

Provider ID: 304129
Board Certified Specialty: No

UCSD MEDICAL GROUP
 6655 ALVARADO RD
SAN DIEGO, CA 92120
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*

Provider Gender: Female
NPI: 1942469663
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Hebrew, Spanish*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: UCSD Medical Group

SURGERY NEUROLOGICAL



LEVY, MICHAEL

Provider ID: 298705
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 7910 FROST ST STE 180
SAN DIEGO, CA 92123
 *Phone: (858) 966-8574*
Fax: (858) 966-7930
 *After Hours Phone: (858)*

966-8574
Provider Gender: Male
NPI: 1164593927
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, CHILDRENS HOSP OF LOS ANGELES
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: Rady Childrens Health Network

SURGERY NEUROLOGICAL

MARSHALL, LAWRENCE

Provider ID: 244150
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1750306171
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: German, Spanish*
Cultural Competency: N
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY NEUROLOGICAL


OSORIO, JOSEPH

Provider ID: 242007

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL

OSORIO, JOSEPH

Provider ID: 304170

Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


SURGERY NEUROLOGICAL

PHAM, MARTIN

Provider ID: 244158

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max 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
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1
SAN DIEGO, CA 92103

 Phone: (858) 657-8540

 After Hours Phone: (858)
657-8540

Provider Gender: Male

NPI: 1366530321

Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY NEUROLOGICAL


U, HOI


Provider ID: 244132

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1164468146

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

ANDRY, JAMES

Provider ID: 302086

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7910 FROST ST STE 340
SAN DIEGO, CA 92123

 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858)
824-1703

Provider Gender: Male

NPI: 1679726103

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE
VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL
ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA
VISTA MED CTR, SHARP

CORONADO HOSP AND
HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP
MEMORIAL HOSPITAL, SHARP


MEMORIAL HOSPITAL, TRI
CITY MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

BALLARD, BROOKE

Provider ID: 262204

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEDICAL GROUP-SD

5555 RESERVOIR DR STE 104

SAN DIEGO, CA 92120

Phone: (619) 286-9480

Fax: (619) 286-4568

After Hours Phone: (619) 286-9480

Provider Gender: Female

NPI: 1841447950

Provider English Spoken: Y

Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: ALVARADO HOSPITAL LLC, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Imperial Health Holdings Medical Group-SD

SURGERY ORTHOPEDIC

BUI, CHRISTOPHER

Provider ID: 241162

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1619231537

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

BUKATA, SUSAN

Provider ID: 304181

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932140639

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

BUKATA, SUSAN

Provider ID: 277948

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932140639

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max 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

CAMPBELL, TANNER

Provider ID: 301633

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

RADY CHILDRENS HEALTH NETWORK

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
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
3
SAN DIEGO, CA 92123

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)

966-6789

Provider Gender: Male

NPI: 1992982854

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE INLAND

VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

SURGERY ORTHOPEDIC

CHIARAPPA, FRANK

Provider ID: 304174

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1932536828

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

CHOI, JIHOON

Provider ID: 284788

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1285097741

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): NETWORK

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC


CIDAMBI, EMILY

Provider ID: 296446

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC


CIDAMBI, EMILY

Provider ID: 246466

Board Certified Specialty: No
RADY CHILDRENS HEALTH

 3030 CHILDRENS WAY FL
3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)
966-6789

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


SURGERY ORTHOPEDIC


EDMONDS, ERIC

Provider ID: 205495

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1013048412

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC


EDMONDS, ERIC

Provider ID: 260841

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL
3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)
966-6789

Provider Gender: Male

NPI: 1013048412

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

CHILDREN'S HOSPITAL
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

FLINT, JAMES

Provider ID: 304177

Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

 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
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max 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

UCSD MEDICAL GROUP

 200 W 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
RADY CHILDRENS HEALTH

NETWORK



 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800





 After Hours Phone: (858)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

966-8800
Provider Gender: Female
NPI: 1386140085
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: Rady Childrens Health Network




SURGERY ORTHOPEDIC

KUSNEZOV, NICHOLAS
Provider ID: 303196
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 7910 FROST ST STE 340
SAN DIEGO, CA 92123
 Phone: (858) 824-1703
Fax: (858) 455-6473
 After Hours Phone: (858) 824-1703
Provider Gender: Male
NPI: 1396185161
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, TRI CITY MEDICAL





CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 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
RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
 Phone: (858) 966-6789
Fax: (858) 966-6706
 After Hours Phone: (858) 966-6789
Provider Gender: Female
NPI: 1538402441
 Provider English Spoken: Y

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

SULLIVAN, THOMAS
Provider ID: 304164
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6655 ALVARADO RD
SAN DIEGO, CA 92120
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1437565488
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): **UPASANI, VIDYADHAR**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

SULLIVAN, THOMAS

Provider ID: 285247

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): **UPASANI, VIDYADHAR**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

Provider ID: 205914

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network


SURGERY ORTHOPEDIC

Provider ID: 260953

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
3

SAN DIEGO, CA 92123


 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)
966-6789

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


SURGERY PEDIATRIC

BICKLER, STEPHEN

Provider ID: 270090

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)
966-7711

Provider Gender: Male

NPI: 1891866653

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Hospital Affiliation: UCSD
 MEDICAL CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

SURGERY PEDIATRIC

GOSMAN, AMANDA
 Provider ID: 205841
 Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH
 NETWORK
 7920 FROST ST STE 200
 SAN DIEGO, CA 92123
 Phone: (858) 966-5999
 Fax: (858) 966-4064
 After Hours Phone: (858)
 966-5999
 Provider Gender: Female
 NPI: 1164436291
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, UCSD MEDICAL CTR,
 UCSD LA JOLLA JOHN SALLY

THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

SURGERY PEDIATRIC

KELLER, BENJAMIN
 Provider ID: 285941
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-7711
 Fax: (858) 966-7712
 After Hours Phone: (858)
 966-7711
 Provider Gender: Male
 NPI: 1285953364
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

SURGERY PEDIATRIC

KELLER, BENJAMIN
 Provider ID: 272196
 Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH
 NETWORK

7920 FROST ST STE 200
 SAN DIEGO, CA 92123
 Phone: (858) 966-5999
 Fax: (858) 966-4064
 After Hours Phone: (858)
 966-5999
 Provider Gender: Male
 NPI: 1285953364
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

SURGERY PEDIATRIC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
 者目錄中的資訊可能會更改。

D. 專業提供者目錄

KLING, KAREN

Provider ID: 283380

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

🕒 After Hours Phone: (858)
966-7711

Provider Gender: Female

NPI: 1982775144

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SHARP MARY BIRCH HOSP
FOR WOMEN AND

NEWBORNS, NATIONAL
NAVAL MED CTR, SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

SURGERY PEDIATRIC

KLING, KAREN

Provider ID: 205340

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 8110 BIRMINGHAM WAY FL
2
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

🕒 After Hours Phone: (858)
966-7711

Provider Gender: Female

NPI: 1982775144

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
SHARP MARY BIRCH HOSP
FOR WOMEN AND

NEWBORNS, NATIONAL
NAVAL MED CTR, SHARP
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

SURGERY PEDIATRIC

LAZAR, DAVID

Provider ID: 283140

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

🕒 After Hours Phone: (858)
966-7711

Provider Gender: Male

NPI: 1538365002

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

SURGERY PEDIATRIC

LAZAR, DAVID



Provider ID: 205606

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 8110 BIRMINGHAM WAY FL
2
SAN DIEGO, CA 92123

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Phone: (858) 966-7711
 Fax: (858) 966-7712

 After Hours Phone: (858) 966-7711


Provider Gender: Male
NPI: 1538365002


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


SURGERY PEDIATRIC


THANGARAJAH, HARIHARAN

Provider ID: 256194

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 After Hours Phone: (858) 966-7711

Provider Gender: Male
NPI: 1598979593


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network


SURGERY PEDIATRIC


THANGARAJAH, HARIHARAN

Provider ID: 206172

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8110 BIRMINGHAM WAY FL
2
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 Fax: (858) 966-7712

 After Hours Phone: (858) 966-7711

Provider Gender: Male
NPI: 1598979593


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


SURGERY PLASTIC


HINCHCLIFF, KATHARINE

Provider ID: 277288

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1346674561

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Network, UCSD Medical Group

SURGERY PLASTIC

HINCHCLIFF, KATHARINE

Provider ID: 277965

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)
966-5999

Provider Gender: Female

NPI: 1346674561

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

SURGERY PLASTIC

KOLB, FREDERIC

Provider ID: 255576

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)
966-5999

Provider Gender: Female

NPI: 1790341832

Provider English Spoken: Y

Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

SURGERY PLASTIC

KOLB, FREDERIC

Provider ID: 246240

Board Certified Specialty: No
UCSD MEDICAL GROUP

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1790341832

Provider English Spoken: Y

Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

SURGERY PLASTIC

KOLB, FREDERIC

Provider ID: 255575

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1790341832

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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: 246239
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1790341832
 Provider English Spoken: Y
 Provider Language(s) Spoken: French
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network, UCSD Medical Group

SURGERY PLASTIC

LEWIS, PRIYA
 Provider ID: 302132
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 7920 FROST ST STE 200
 SAN DIEGO, CA 92123
 Phone: (858) 966-5999
 Fax: (858) 966-8394
 After Hours Phone: (858) 966-5999
 Provider Gender: Female
 NPI: 1720465024
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max 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: 245523
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 7920 FROST ST STE 200
 SAN DIEGO, CA 92123
 Phone: (858) 966-5999
 Fax: (858) 966-8394
 After Hours Phone: (858) 966-5999
 Provider Gender: Male
 NPI: 1982964276
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: Rady Childrens Health Network, UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

SURGERY PLASTIC

REID, CHRISTOPHER
Provider ID: 224795
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982964276
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network, UCSD Medical Group

SURGERY PLASTIC

REID, CHRISTOPHER
Provider ID: 255564
Board Certified Specialty: No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273

After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982964276
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network, UCSD Medical Group

SURGERY THORACIC

FOX, KENNETH
Provider ID: 257841
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8030
After Hours Phone: (858) 966-8030
Provider Gender: Male
NPI: 1235153552
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8030
After Hours Phone: (858) 966-8030
Provider Gender: Male
NPI: 1235153552
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY THORACIC

GANTA, SRUJAN
Provider ID: 256383
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8030
After Hours Phone: (858) 966-8030
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

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8030
After Hours Phone: (858) 966-8030
Provider Gender: Male
NPI: 1265071005
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

SURGERY THORACIC

GANTA, SRUJAN

Provider ID: 275611
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
📞 Phone: (858) 966-8030
🕒 After Hours Phone: (858)
966-8030
Provider Gender: Male
NPI: 1265071005
🗣️ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

SURGERY THORACIC

LEWIS, MICHAEL

Provider ID: 296906

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
📞 Phone: (858) 966-8030
Fax: (858) 966-8032

🕒 After Hours Phone: (858)
966-8030
Provider Gender: Male
NPI: 1780847533
🗣️ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

SURGERY THORACIC

NIGRO, JOHN

Provider ID: 205367
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK
📍 3030 CHILDRENS WAY STE
202
SAN DIEGO, CA 92123
📞 Phone: (858) 966-8030

Fax: (858) 966-8032
🕒 After Hours Phone: (858)
966-8030
Provider Gender: Male
NPI: 1881707818
🗣️ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

SURGERY THORACIC

VOSSLER, JOHN

Provider ID: 306389
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
📞 Phone: (858) 966-5855
Fax: (858) 966-7903
🕒 After Hours Phone: (858)
966-5855
Provider Gender: Male
NPI: 1659630572
🗣️ Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

TRANSPLANT SURGERY


MEKEEL, KRISTIN


Provider ID: 262109

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY STE
107

SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 After Hours Phone: (858)
966-7711

Provider Gender: Female

NPI: 1104861947

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

TRANSPLANT SURGERY


SCHNICKEL, GABRIEL

Provider ID: 262192

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8001 FROST ST

SAN DIEGO, CA 92123

 Phone: (858) 966-8354

Fax: (858) 966-5815

 After Hours Phone: (858)
966-8354

Provider Gender: Male

NPI: 1619111440

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

UROLOGY


CHEN, TONY

Provider ID: 283960

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1245684497

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PALOMAR MEDICAL


CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

UROLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

KATZ, JONATHAN

Provider ID: 299918

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 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
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1174609127

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

UROLOGY

MONGA, MANOJ

Provider ID: 256847

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1174609127

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

UROLOGY

PATEL, DEVIN

Provider ID: 246094

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (858) 657-7876

After Hours Phone: (858)
657-7876

Provider Gender: Male

NPI: 1437505559

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, CEDARS SINAI

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

UROLOGY		
SWORDS, KELLY Provider ID: 206183 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7920 FROST ST STE 200 SAN DIEGO, CA 92123 Phone: (858) 966-7484 Fax: (858) 966-4064 After Hours Phone: (858) 966-7484 Provider Gender: Female NPI: 1316101256 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	IHP OF SOUTHERN CAL-PHP 4060 4TH AVE STE 310 SAN DIEGO, CA 92103 Phone: (619) 297-4707 Fax: (858) 429-7927 After Hours Phone: (619) 297-4707 Provider Gender: Male NPI: 1215374210 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 16\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP	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	UNTERBERG, STEPHEN Provider ID: 284664 Board Certified Specialty: Yes COMMUNITY CARE IPA LLC 4060 4TH AVE STE 310 SAN DIEGO, CA 92103 Phone: (619) 297-4707 Fax: (858) 429-7927 After Hours Phone: (619) 297-4707	UNTERBERG, STEPHEN Provider ID: 284665 Board Certified Specialty: No COMMUNITY CARE IPA LLC 11770 BERNARDO PLAZA CT STE 270 SAN DIEGO, CA 92128 Phone: (858) 485-0554 Fax: (858) 429-7933 After Hours Phone: (858) 485-0554 Provider Gender: Male NPI: 1215374210 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

VISTA, PALOMAR MEDICAL
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

UROLOGY


UNTERBERG, STEPHEN

Provider ID: 295834

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 11770 BERNARDO PLAZA
CT STE 270

SAN DIEGO, CA 92128

 Phone: (858) 485-0554

Fax: (858) 429-7933

 After Hours Phone: (858)
485-0554

Provider Gender: Male

NPI: 1215374210

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, PALOMAR MEDICAL
CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL): Provider ID: 303448

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
UCSD MEDICAL GROUP

 200 W 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
COMMUNITY CARE IPA LLC

 955 BOARDWALK STE 100
SAN MARCOS, CA 92078

 Phone: (760) 798-8855

Fax: (619) 616-2104

 After Hours Phone: (760)
798-8855

Provider Gender: 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: 308116

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744


 After Hours Phone: (760)
736-6767


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider Gender: Female

NPI: 1588173629

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French, Italian,
Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED ACUPUNCTURIST

CARRA, BARBARA

Provider ID: 303128

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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: French, Italian,
Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): **BLAND, JACELIS**

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
IHP OF SOUTHERN CAL-PHP

 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: Chinese, 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 NURSE

PRACTITIONER

Provider ID: 296766

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1801522859

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE


PRACTITIONER

CABRAL, ALEJANDRA

Provider ID: 297888

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1699222620

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

FODDA, RAMI

Provider ID: 296603

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

☎ Phone: (760) 736-6767

Fax: (760) 736-6744

☎ After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1164660452

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-6PM
SA 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA

Provider ID: 305751

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 150 VALPRED A RD
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-6744

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 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
IHP OF SOUTHERN CAL-PHP

📍 150 VALPRED A RD
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-6744

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1639673858

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HAN, ANGELA

Provider ID: 300215

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 150 VALPRED A RD
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-6744

☎ After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1316544331
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 14\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-8PM
SA 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

MOONEY, PATRICIA
Provider ID: 280382
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
 Phone: (760) 747-8935
Fax: (760) 466-0078
 After Hours Phone: (760)
747-8935
Provider Gender: Female
NPI: 1700470200
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE

PRACTITIONER
NGUYEN, VANESSA
Provider ID: 306716
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
 Phone: (760) 281-3662
Fax: (760) 316-5268
 After Hours Phone: (760)
281-3662

Provider Gender: Female
NPI: 1376219246
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F
8:30AM-5:30PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

PARSONS, MEKRAE
Provider ID: 303220
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

VAHDAT, VALERIE
Provider ID: 294758
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 2085 MONTIEL RD STE 102
SAN MARCOS, CA 92069
☎ Phone: (833) 867-4642
Fax: (360) 462-5827
🕒 After Hours Phone: (833)
867-4642
Provider Gender: 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 NURSE PRACTITIONER

YCASAS, EMILY
Provider ID: 307853
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1033841861
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 290739
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPRED A RD

SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1407287469
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Medi-Cal Open 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: 302081
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 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: No
Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 307941

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: 302080

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2085 MONTIEL RD STE 102
SAN MARCOS, CA 92069

 Phone: (833) 867-4642

Fax: (360) 462-5827

 After Hours Phone: (833)
867-4642

Provider Gender: Male

NPI: 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

JIMENEZ, CLARIBEL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1801255484

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


INTERNAL MEDICINE


NGUYEN, MINH

Provider ID: 308467

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 1595 GRAND AVE STE 100
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

Provider Gender: Male

NPI: 1154403640

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


INTERNAL MEDICINE

TOLENTINO, ARTURO

Provider ID: 298696

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2085 MONTIEL RD STE 102
SAN MARCOS, CA 92069

 Phone: (833) 867-4642


Fax: (360) 462-5827

 After Hours Phone: (833)
867-4642

Provider Gender: Male

NPI: 1609066018

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: PALOMAR
HEALTH, PALOMAR MEDICAL

CENTER, LAKEWOOD

REGIONAL MED CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\17

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


INTERVENTIONAL CARDIOLOGY

DO, HULBERT

Provider ID: 295941

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 955 BOARDWALK STE 100
SAN MARCOS, CA 92078

 Phone: (760) 798-8855

Fax: (619) 616-2104

 After Hours Phone: (760)
798-8855

Provider Gender: Male

NPI: 1679733760

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp


Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


INTERVENTIONAL CARDIOLOGY

DO, HULBERT

Provider ID: 291583

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069


 Phone: (760) 736-6767


Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

Provider Gender: Male

NPI: 1679733760

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp


Grossmont Hospital


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM
SA 8AM-8PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


INTERVENTIONAL CARDIOLOGY

MOHAMEDALI, BURHAN

Provider ID: 245578

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 955 BOARDWALK STE 100
SAN MARCOS, CA 92078

 Phone: (760) 798-8855


Fax: (760) 755-5245

 After Hours Phone: (760)
798-8855

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI


Provider ID: 291607

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP





 150 VALPRED A RD
SAN MARCOS, CA 92069


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄




 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1811307051
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP




INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI
Provider ID: 295847
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 955 BOARDWALK STE 100
SAN MARCOS, CA 92078
 Phone: (760) 798-8855
Fax: (619) 616-2104
 After Hours Phone: (760) 798-8855
Provider Gender: Female
NPI: 1811307051
 Provider English Spoken: Y







Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI
Provider ID: 296052
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 955 BOARDWALK STE 100
SAN MARCOS, CA 92078
 Phone: (760) 798-8855
Fax: (619) 616-2104
 After Hours Phone: (760) 798-8855
Provider Gender: Female
NPI: 1811307051
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\99

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

NEUROLOGY

ANDER, AZIZ
Provider ID: 290382
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 838 NORDAHL RD STE 310
SAN MARCOS, CA 92069
 Phone: (442) 999-5977
Fax: (442) 999-5914
 After Hours Phone: (442) 999-5977
Provider Gender: Male
NPI: 1316131832
 Provider English Spoken: Y
 Provider Language(s) Spoken: Faroese, Pashto, Persian, Urdu
Cultural Competency: N
Hospital Affiliation: DESERT REGIONAL MED CTR, JOHN F KENNEDY MEMORIAL HOSP, PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
Hours: M-F
8:30AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

NEUROLOGY

GUPTA, MONIKA
Provider ID: 307938
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Phone: (760) 281-3662
Fax: (760) 316-5268
After Hours Phone: (760) 281-3662
Provider Gender: Female
NPI: 1922243401
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: TEMECULA
VALLEY HOSPITAL INC, UCSD
LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

NEUROLOGY

HOSSEINZADEHMALEKI, ANA
Provider ID: 304998
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Phone: (760) 281-3662
Fax: (760) 316-5268
After Hours Phone: (760) 281-3662
Provider Gender: Female
NPI: 1316471485
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

MAREK, MAKSYM
Provider ID: 306708
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069

Phone: (760) 281-3662
Fax: (619) 425-3842
After Hours Phone: (760) 281-3662
Provider Gender: Male
NPI: 1881182079
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-6PM
SA 9AM-0:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

NEUROLOGY

SORIA LOPEZ, JOSE
Provider ID: 295745
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Phone: (760) 281-3662
Fax: (760) 316-5268
After Hours Phone: (760) 281-3662

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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

CABRERA, MICHELLE

Provider ID: 303025
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPREDA RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
Fax: (760) 736-6744
📞 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1174774723
☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: French, Spanish
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
RADY CHILDRENS HEALTH
NETWORK
📍 120 CRAVEN RD STE 101
SAN MARCOS, CA 92078
☎ Phone: (760) 740-2710
Fax: (858) 207-0003
📞 After Hours Phone: (760)
740-2710
Provider Gender: Male
NPI: 1215170717

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
Rady Childrens Health
Network

PEDIATRICS

LUMHO, RACHEL

Provider ID: 303150
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPREDA RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
Fax: (760) 736-6744

📞 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1215469283

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
SA 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

PEDIATRICS	
LUMHO, RACHEL Provider ID: 304047 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 150 VALPRED A RD SAN MARCOS, CA 92069 Phone: (760) 736-6767 Fax: (760) 736-6744 After Hours Phone: (760) 736-6767 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	HEALTH PLAN DIRECT 150 VALPRED A RD SAN MARCOS, CA 92069 Phone: (760) 736-6767 Fax: (760) 566-1501 After Hours Phone: (760) 736-6767 Provider Gender: Male NPI: 1720093198 Provider English Spoken: Y Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: N Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 0\18 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-6PM Website: N/A IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT
PEDIATRICS	
POSADAS, EMERITO Provider ID: 257536 Board Certified Specialty: No BLUE SHIELD PROMISE	QUINTERO, CAROLYN Provider ID: 303142 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 150 VALPRED A RD SAN MARCOS, CA 92069 Phone: (760) 736-6767 Fax: (760) 736-6744 After Hours Phone: (760) 736-6767
	736-6767 Provider Gender: Female NPI: 1023033156 Provider English Spoken: Y Provider Language(s) Spoken: Afar, Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\18 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-6PM SA 8AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP
PHYSICIANS ASSISTANT	
	CELESTINO, MISHEL Provider ID: 302439 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 150 VALPRED A RD SAN MARCOS, CA 92069 Phone: (760) 736-6767 Fax: (760) 736-6744 After Hours Phone: (760) 736-6767 Provider Gender: Female NPI: 1578263760 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


D. 專業提供者目錄

American Sign Language (ASL):  150 VALPREDA RD
SAN MARCOS, CA 92069
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
IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1457903700





 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

POLLEY, SHANNON



Provider ID: 296093
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 150 VALPREDA RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1225608722




 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-8PM
SA 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RUBIO, HALEY




Provider ID: 301290
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1598394371

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 2\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

ALTAMIRANO, LEON

Provider ID: 290362
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767
Provider Gender: Male
NPI: 1619271517

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

ARIELLA, LYNDIA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 299716
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
📠 Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1073518965

☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 5\50
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

FLYNN, DANIELLE
Provider ID: 290795
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
📠 Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1477785137

☑ Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

GEORGIEV, MARY-JO
Provider ID: 290793
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
📠 Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767
Provider Gender: Female
NPI: 1518996875

☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

IMAM, SYED
Provider ID: 298174

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
📠 Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767
Provider Gender: Male
NPI: 1447428271

☑ Provider English Spoken: Y
☑ Provider Language(s)
Spoken: Hindi, Urdu
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 15\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

SIMPSON, ERIC
Provider ID: 290803
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
📠 Fax: (760) 736-6744
🕒 After Hours Phone: (760)
736-6767
Provider Gender: Male
NPI: 1710110416








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP




PSYCHOLOGIST

TORRES, HECTOR



Provider ID: 290788
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 150 VALPRED A RD
SAN MARCOS, CA 92069
 *Phone: (760) 736-6767*
Fax: (760) 736-6744
 *After Hours Phone: (760) 736-6767*
Provider Gender: Male
NPI: 1720265614
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP




RHEUMATOLOGY

AL NAHLAWI, BASMA

Provider ID: 290068
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 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

IHP OF SOUTHERN CAL-PHP
 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

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

 *Website: N/A*

IPA: IHP of Southern Cal-PHP

SAN YSIDRO

CERTIFIED NURSE PRACTITIONER








KANTAS, PARIS

Provider ID: 306684

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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: 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: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP



CERTIFIED NURSE PRACTITIONER



ROSCOE, SYDNEY
 Provider ID: 306249
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 Fax: (619) 205-5305
 After Hours Phone: (619)
 662-4100
 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
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP,
 UCSD Medical Group

FAMILY PRACTICE









ALVAREZ-ESTRADA, MIGUEL
 Provider ID: 294925
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 Fax: (619) 205-6305
 After Hours Phone: (619)
 662-4100
 Provider Gender: Male
 NPI: 1588197826

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MERCY
 HOSPITAL, PARADISE VALLEY
 HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ARRIETA, NOEMI
 Provider ID: 297794
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 Fax: (619) 205-6341
 After Hours Phone: (619)
 662-4100
 Provider Gender: Female
 NPI: 1912223496
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

DALUGDUGAN, ESTHER

Provider ID: 302285

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1962662718

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

MALEKMADANI, ARIENNE

Provider ID: 303333

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 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 MARIA

Provider ID: 297756

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)
Spoken: Filipino, Spanish,
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA
MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F

8:30AM-5:30PM

SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ORTEGA, LUIS

Provider ID: 295225

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1558924936

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):









N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。








D. 專業提供者目錄

 *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
IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6305
 *After Hours Phone: (619) 662-4100*
Provider Gender: Female
NPI: 1316407026
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE






QURESHI, SOFIA
Provider ID: 308756
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6305
 *After Hours Phone: (619) 662-4100*
Provider Gender: Female
NPI: 1902197544
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE GERIATRIC MEDICINE

BULOW, KWI
Provider ID: 302346
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6305
 *After Hours Phone: (619) 662-4100*




Provider Gender: Female
NPI: 1073608576
 *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

GENERAL PRACTICE

GARCIA SANDOVAL, DAMARIS
Provider ID: 302644
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄




 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

GENERAL PRACTICE

SAMI, REMAN

Provider ID: 305484
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6305
 *After Hours Phone: (619) 662-4100*
Provider Gender: Female
NPI: 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



IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6305
 *After Hours Phone: (619) 662-4100*


Provider Gender: Female
NPI: 1073650339
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

INFECTIOUS DISEASE

RAMIREZ SANCHEZ, CLAUDIA

Provider ID: 296122
Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6305


 *After Hours Phone: (619) 662-4100*
Provider Gender: Female
NPI: 1659720555


 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-8PM SA 8AM-2PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

OBSTETRICS / GYNECOLOGY

DINH, MY

Provider ID: 290490
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6305
 *After Hours Phone: (619) 662-4100*

Provider Gender: Female
NPI: 1316146996
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL): **GOMEZ, DANIELA**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY


GOMEZ, DANIELA

Provider ID: 294885

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD STE 400

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1255878997

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM
SA 8AM-2PM


 Website: N/A


IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

Provider ID: 294886

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-1967

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1255878997

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM
SA 8AM-2PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


PEDIATRICS

FUJII, CINDY

Provider ID: 298309

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)

662-4100

Provider Gender: Female

NPI: 1871664821

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PEDIATRICS

RODRIGUEZ, ALDO

Provider ID: 295779

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1508209651

 Provider English Spoken: Y

 Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N








 Accessibility: CONTACT PROVIDER
 Hours: SU 10AM-4PM
M 8:30AM-8PM
W-F 8:30AM-5:30PM
SA 8AM-2:30PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS







TAYLOR, TASHA
Provider ID: 290077
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1528144433
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP






PSYCHOLOGIST

IBANEZ, BERENICE
Provider ID: 290465
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1740394386
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST




SHAUF, JOANN
Provider ID: 296045
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1134732522
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP

RHEUMATOLOGY

LWIN, THUTHIRI
Provider ID: 307650
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1174010896
 Provider English Spoken: Y
 Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄








Spoken: Burmese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

HILL, CARLA
Provider ID: 295894
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD STE 102-103
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 600-4870
 *After Hours Phone: (619) 662-4100*
Provider Gender: Female
NPI: 1043950751
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

SANTEE









PHYSICIANS ASSISTANT

ROSENBLATT, SHERILYN
Provider ID: 295738
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 120 TOWN CENTER PKWY
SANTEE, CA 92071
 *Phone: (619) 662-4100*
Fax: (619) 205-6305
 *After Hours Phone: (619) 662-4100*
Provider Gender: Female
NPI: 1114041621
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: SU 10AM-4PM*
M-F 8:30AM-5:30PM
SA 10AM-2:30PM
 *Website: N/A*
IPA: IHP of Southern Cal-PHP




TEMECULA

CERTIFIED ACUPUNCTURIST

CRAFT, KEVIN
Provider ID: 290944
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP



 41840 ENTERPRISE CIR N
TEMECULA, CA 92590
 *Phone: (951) 225-6400*
Fax: (360) 462-2751
 *After Hours Phone: (951) 225-6400*
Provider Gender: Male
NPI: 1659745610
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: TU-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

MIRACLE, ANGELYN
Provider ID: 300260
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 31170 TEMECULA PKWY STE 200
TEMECULA, CA 92592
 *Phone: (951) 699-3299*
Fax: (951) 302-1313
 *After Hours Phone: (951) 699-3299*
Provider Gender: Female
NPI: 1144539842







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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

CERTIFIED NURSE PRACTITIONER




VAHDAT, VALERIE






Provider ID: 306580
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 41840 ENTERPRISE CIR N
TEMECULA, CA 92590
 Phone: (951) 225-6400
Fax: (360) 462-2751
 After Hours Phone: (951)
225-6400
Provider Gender: 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

PHYSICIANS ASSISTANT


ANWAR, YASMIN


Provider ID: 300846
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 31515 RANCHO PUEBLO
RD STE 102
TEMECULA, CA 92592
 Phone: (951) 225-7873
Fax: (951) 305-9117
 After Hours Phone: (951)
225-7873
Provider Gender: Female
NPI: 1588602247

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Persian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


WOODWORTH, JENNIFER

Provider ID: 290633
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 41840 ENTERPRISE CIR N
TEMECULA, CA 92590


 Phone: (951) 225-6400
Fax: (360) 462-2751

 After Hours Phone: (951)
225-6400

Provider Gender: Female
NPI: 1639362494

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER





 Hours: M-TH 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP




SURGERY GENERAL VASCULAR

HOWE, STEVEN

Provider ID: 206759
Board Certified Specialty: No
UCSD MEDICAL GROUP
 31700 TEMECULA VALLEY
PARKWAY
TEMECULA, CA 92592
 Phone: (951) 303-2349
Fax: (951) 303-8591
 After Hours Phone: (951)
303-2349
Provider Gender: Male
NPI: 1497702740
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄

JOLLA JOHN SALLY
THORNTON, TRI CITY
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group







VISTA


ANESTHESIOLOGY PAIN MANAGEMENT

GUPTA, ANUJ
Provider ID: 297703
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 2023 W VISTA WAY STE D
VISTA, CA 92083
 Phone: (619) 330-8771
Fax: (619) 330-8772
 After Hours Phone: (619)
330-8771
Provider Gender: Male
NPI: 1073629549
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: POMONA
VALLEY HOSP MED CTR,
PARADISE VALLEY HOSPITAL,
TRI CITY MEDICAL CTR








Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

CARDIOVASCULAR DISEASE

ABELHAD, NADIA
Provider ID: 306896
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
Provider Gender: Female
NPI: 1619400801
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp
Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CARDIOVASCULAR DISEASE

ABELHAD, NADIA
Provider ID: 306897
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
Provider Gender: Female
NPI: 1619400801
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp
Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CARDIOVASCULAR DISEASE

DO, HULBERT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 290574
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1679733760
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp
Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: SU 9AM-8PM
M-TH 9AM-8PM
F 9AM-5PM
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST **SONG, CAROL**

Provider ID: 290550
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR

VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1518166685
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-TH 8AM-8PM
F 9AM-5PM
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

APRIL, MONIQUE

Provider ID: 307939
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female
NPI: 1093288730

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

APRIL, MONIQUE

Provider ID: 306977
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female
NPI: 1093288730

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish


Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER



APRIL, MONIQUE

Provider ID: 306980
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000


Provider Gender: Female
NPI: 1093288730


 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

AYELE, MAHOGANY

Provider ID: 257586

Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000
Fax: (760) 414-3892


 After Hours Phone: (760)
631-5000


Provider Gender: Female
NPI: 1902120421

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM


 Website: N/A
IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

CERTIFIED NURSE PRACTITIONER

AYELE, MAHOGANY

Provider ID: 257587
Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (844) 308-5003
Fax: (760) 414-3763


 After Hours Phone: (844)
308-5003


Provider Gender: Female
NPI: 1902120421

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM


 Website: N/A
IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

CERTIFIED NURSE PRACTITIONER

BERNETICH, MEGHAN

Provider ID: 304506
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000
Fax: (760) 414-3702

 After Hours Phone: (760)
631-5000

Provider Gender: Female
NPI: 1629354360

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM
SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

BERNETICH, MEGHAN

Provider ID: 302526

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000
Fax: (760) 414-3702

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1629354360

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\24

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM
SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER


CARDINELL, ANNA

Provider ID: 291411

Board Certified Specialty: No
UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE
270

VISTA, CA 92081

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1306978614

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL

Provider ID: 301311

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1679140644

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL

Provider ID: 301312

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1679140644

 Provider English Spoken: Y
Cultural Competency: N































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



D. 專業提供者目錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<p style="text-align: center;"><u>PRACTITIONER</u></p> <p>CHRISTY, TYLER</p> <p><i>Provider ID: 303929</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 105 DURIAN ST STE A VISTA, CA 92083</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1689094971</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p>	<p>631-5000</p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1689094971</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p>
<p style="text-align: center;"><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>CHRISTY, TYLER</p> <p><i>Provider ID: 303927</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 1000 VALE TERRACE DR VISTA, CA 92084</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1689094971</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>
<p style="text-align: center;"><u>CERTIFIED NURSE</u></p> <p>CHRISTY, TYLER</p> <p><i>Provider ID: 303928</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 517 N HORNE ST VISTA, CA 92083</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p>	<p style="text-align: center;"><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>CHRISTY, TYLER</p> <p><i>Provider ID: 303932</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 134 GRAPEVINE RD VISTA, CA 92083</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1689094971</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT</i></p>	<p style="text-align: center;"><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>CHRISTY, TYLER</p> <p><i>Provider ID: 303932</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 134 GRAPEVINE RD VISTA, CA 92083</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1689094971</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




D. 專業提供者目錄


PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

CHRISTY, TYLER

Provider ID: 307298
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
Provider Gender: Male
NPI: 1689094971
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign 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

CORY, ALLISON

Provider ID: 245207

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1194027706

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

 Hours: M 8AM-5PM

TU 10:30AM-7:30PM

W-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 241907

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1619246907

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-8PM

F 9AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA

Provider ID: 303439

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1407545221

 Provider English Spoken: Y
Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄



 *Accessibility: CONTACT PROVIDER*
 *Hours: M-TH 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
IHP OF SOUTHERN CAL-PHP*
 1000 VALE TERRACE DR
VISTA, CA 92084
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)
631-5000*
Provider Gender: Female
NPI: 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
IHP OF SOUTHERN CAL-PHP*
 105 DURIAN ST STE A
VISTA, CA 92083
 *Phone: (760) 631-5000*
Fax: (760) 414-3892




 *After Hours Phone: (760)
631-5000*
Provider Gender: Female
NPI: 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: 302287
*Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP*
 134 GRAPEVINE RD
VISTA, CA 92083
 *Phone: (760) 631-5000*
Fax: (760) 414-3892

 *After Hours Phone: (760)
631-5000*
Provider Gender: Female
NPI: 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
IHP OF SOUTHERN CAL-PHP*
 1000 VALE TERRACE DR
VISTA, CA 92084
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)
631-5000*
Provider Gender: Female
NPI: 1013668680
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
*American Sign Language (ASL):
N*




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP


CERTIFIED NURSE **PRACTITIONER**

HERNANDEZ, JESSICA
Provider ID: 302301
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 105 DURIAN ST STE A
VISTA, CA 92083
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760) 631-5000*
Provider Gender: Female
NPI: 1013668680
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP




CERTIFIED NURSE **PRACTITIONER**

HERNANDEZ, JESSICA

Provider ID: 302297
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
VISTA, CA 92083
 *Phone: (760) 631-5000*
Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*


Provider Gender: Female
NPI: 1013668680
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*


IPA: Community Care IPA LLC, IHP of Southern Cal-PHP




CERTIFIED NURSE **PRACTITIONER**

HERNANDEZ, JESSICA
Provider ID: 304492
Board Certified Specialty: No COMMUNITY CARE IPA LLC
 1000 VALE TERRACE DR
VISTA, CA 92084
 *Phone: (760) 631-5000*
Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*




Provider Gender: Female


NPI: 1013668680
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**


HERNANDEZ, JESSICA
Provider ID: 304493
Board Certified Specialty: No COMMUNITY CARE IPA LLC
 134 GRAPEVINE RD
VISTA, CA 92083
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760) 631-5000*

Provider Gender: Female
NPI: 1013668680
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**

HUERTA, STEVEN

Provider ID: 307931
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000
Fax: (760) 414-3892


 After Hours Phone: (760)
631-5000


Provider Gender: Male
NPI: 1558607440

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE **PRACTITIONER**

HUERTA, STEVEN

Provider ID: 307933
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000


Provider Gender: Male
NPI: 1558607440

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A



IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**



KELLEHER, BRIDGET

Provider ID: 298085
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000

Provider Gender: Female
NPI: 1245695006


 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


 Website: N/A
IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network

CERTIFIED NURSE **PRACTITIONER**

KELLEHER, BRIDGET

Provider ID: 305737
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 105 DURIAN ST STE B
VISTA, CA 92083

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female
NPI: 1245695006

 Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 *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 IHP OF SOUTHERN CAL-PHP


 134 GRAPEVINE RD
VISTA, CA 92083

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

Provider Gender: Female

NPI: 1245695006

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network


CERTIFIED NURSE PRACTITIONER

KORMANIK, PATRICIA

Provider ID: 282072

Board Certified Specialty: No UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE 102
VISTA, CA 92081


 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1093895047

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


MONTGOMERY JR, KEITH

Provider ID: 295284

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*

Provider Gender: Male

NPI: 1790978617

 *Provider English Spoken: Y*
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TU 8AM-5PM*
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 *Website: N/A*

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER


MONTGOMERY JR, KEITH

Provider ID: 295288

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
VISTA, CA 92083

 *Phone: (760) 631-5000*

Fax: (760) 414-3892





 *After Hours Phone: (760) 631-5000*

Provider Gender: Male



NPI: 1790978617

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄









 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 6\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-TU 8AM-5PM*
W 10AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**


NICHOLAS, ESTELA
Provider ID: 239866
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1000 VALE TERRACE DR
VISTA, CA 92084
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)*
631-5000
Provider Gender: Female
NPI: 1558384792
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER
 *Hours: M 8AM-5PM*
TU-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
 *Website: N/A*
IPA: Community Care IPA LLC

CERTIFIED NURSE **PRACTITIONER**

PRITZKER, JOELY
Provider ID: 239773
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1000 VALE TERRACE DR
VISTA, CA 92084
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)*
631-5000
Provider Gender: Female
NPI: 1619384351
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
SA 9AM-4PM
 *Website: N/A*
IPA: Community Care IPA LLC

CERTIFIED NURSE **PRACTITIONER**

SRILASAK, MICHELE
Provider ID: 281857
Board Certified Specialty: No
UCSD MEDICAL GROUP
 910 SYCAMORE AVE STE
102
VISTA, CA 92081
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)*
926-8273
Provider Gender: Female
NPI: 1265487326
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

CERTIFIED NURSE **PRACTITIONER**

TAYLOR, CHRISTOPHER
Provider ID: 295502
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 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
IHP OF SOUTHERN CAL-PHP

105 DURIAN ST STE A
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-2PM
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

TAYLOR, CHRISTOPHER

Provider ID: 295507

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-2PM
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

YCASAS, EMILY

Provider ID: 298837

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1033841861

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-8PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

GUIDI, CASEY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 300224
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1013349919
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

GUIDI, CASEY
Provider ID: 303315
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760)

631-5000
Provider Gender: Female
NPI: 1013349919
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CHIROPRACTOR

CORTEZ, JAIME
Provider ID: 290483
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1508195348
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CHIROPRACTOR

JU, NATHANIEL
Provider ID: 290222
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1972883882
Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Website: N/A
IPA: IHP of Southern Cal-PHP

CHIROPRACTOR


JU, NATHANIEL
Provider ID: 290220

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: 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

GYNECOLOGIC ONCOLOGY


ESKANDER, RAMEZ

Provider ID: 282163

Board Certified Specialty: No
UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE
102

VISTA, CA 92081

 Phone: (760) 536-7737

Fax: (760) 536-7959

 After Hours Phone: (760)
536-7737

Provider Gender: Male

NPI: 1144486929

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, EARL AND
LORRAINE MILLER

CHILDRENS HSP, LONG

BEACH MEMORIAL MED CTR,

Providence St Joseph Hospital,

Providence St Jude Medical

Center, ORANGE COAST MEM

MED CTR, 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**


RUBENZI, TAMARA

Provider ID: 282128

Board Certified Specialty: No
UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE
102

VISTA, CA 92081

 Phone: (619) 543-6397

Fax: (888) 539-8781

 After Hours Phone: (619)
543-6397

Provider Gender: Female

NPI: 1811200652

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

INFECTIOUS DISEASE


HALPERIN, JASON

Provider ID: 296420

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

631-5000

Provider Gender: 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
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3763

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1467542175

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French,
Vietnamese

Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL,


PALOMAR MEDICAL CENTER,
SHARP MEMORIAL HOSPITAL,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, EL CENTRO
REGIONAL MEDICAL CENTER,
PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


INTERNAL MEDICINE

SHABANIAN, LEILA

Provider ID: 307214

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084


 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1013963073

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, French,
Persian

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, TRI CITY MEDICAL CTR,
PALOMAR HEALTH, SCRIPPS
MERCY HOSPITAL, 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,
IHP of Southern Cal-PHP


INTERNAL MEDICINE

SHABANIAN, LEILA

Provider ID: 307216

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1013963073

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, French,
Persian

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

VISTA, TRI CITY MEDICAL CTR,
PALOMAR HEALTH, SCRIPPS
MERCY HOSPITAL, PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
N
 Accessibility: CONTACT PROVIDER
 Hours: TU 10:30AM-7:30PM F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

INTERNAL MEDICINE

SHABANIAN, LEILA
Provider ID: 306766
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1000 VALE TERRACE DR VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1013963073
 Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi, French, Persian
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, TRI CITY MEDICAL CTR,

PALOMAR HEALTH, SCRIPPS
MERCY HOSPITAL, 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, IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

PARKS, MONICA
Provider ID: 302414
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 906 SYCAMORE AVE STE 104 VISTA, CA 92081
 Phone: (760) 630-2550
Fax: (760) 726-2305
 After Hours Phone: (760) 630-2550
Provider Gender: Female
NPI: 1740634971
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, TRI
CITY MEDICAL CTR
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




OBSTETRICS / GYNECOLOGY

ARRIETA, IRIS
Provider ID: 290607
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1000 VALE TERRACE DR VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1659614303
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N




 **Accessibility: CONTACT PROVIDER**
 **Hours: M-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
UCSD MEDICAL GROUP
 **910 SYCAMORE AVE STE 102
VISTA, CA 92081**
 **Phone: (800) 926-8273**
Fax: (888) 539-8781
 **After Hours Phone: (800) 926-8273**
Provider Gender: Female
NPI: 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

FRANCIS, LARRY





Provider ID: 290292
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 **1000 VALE TERRACE DR
VISTA, CA 92084**
 **Phone: (760) 631-5000**
Fax: (760) 414-3892
 **After Hours Phone: (760) 631-5000**
Provider Gender: Male
NPI: 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: 13\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

OBSTETRICS / GYNECOLOGY

HAWKINS, MELISSA

Provider ID: 290596
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 **1000 VALE TERRACE DR
VISTA, CA 92084**
 **Phone: (760) 631-5000**
Fax: (760) 414-3892
 **After Hours Phone: (760) 631-5000**
Provider Gender: Female
NPI: 1851620447
 **Provider English Spoken: Y**
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):

N








OBSTETRICS / GYNECOLOGY

LEONARD, LISA

Provider ID: 290710
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 **1000 VALE TERRACE DR
VISTA, CA 92084**





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄





 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1477588598
 Provider English Spoken: Y
 Provider Language(s) Spoken: French, Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 9AM-8PM
 F 9AM-5PM
 SA 9AM-4PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP




OPTOMETRIST

GEE, JENNIFER
 Provider ID: 273113
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 1000 VALE TERRACE DR
 VISTA, CA 92084
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female





NPI: 1336589332
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-8PM
 F 9AM-5PM
 SA 9AM-4PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPTOMETRIST

GEE, JENNIFER
 Provider ID: 273114
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1336589332
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:



COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 8AM-5PM
 TU 9:30AM-5PM
 W 8AM-5PM
 TH 10AM-7PM
 F 8AM-5PM
 SA 9AM-4PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPTOMETRIST

GEE, JENNIFER
 Provider ID: 290208
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1000 VALE TERRACE DR
 VISTA, CA 92084
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1336589332
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: COMMUNITY REGIONAL




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

MEDICAL CENTER-FRESNO,
CALIFORNIA PACIFIC
MEDICAL CENTER - D P A P H
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-8PM
F 9AM-5PM
SA 9AM-4PM
 Website: N/A
 IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST







GEE, JENNIFER


Provider ID: 290209
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Provider Gender: Female
 NPI: 1336589332
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:
 COMMUNITY REGIONAL
 MEDICAL CENTER-FRESNO,
 CALIFORNIA PACIFIC
 MEDICAL CENTER - D P A P H
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M 8AM-5PM
TU 9:30AM-5PM
W 8AM-5PM
TH 10AM-7PM
F 8AM-5PM
SA 9AM-4PM
 Website: N/A
 IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST


KIM, MICHAEL

Provider ID: 290903
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Provider Gender: Male
 NPI: 1164546313
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: SU 8AM-5PM
M-F 8AM-5PM

 Website: N/A
 IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPTOMETRIST

KIM, MICHAEL

Provider ID: 290697
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000


Provider Gender: Male


NPI: 1164546313

 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-W 8AM-5PM
TH 10:30AM-7:30PM
F 8AM-5PM

 Website: N/A
 IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP





OPTOMETRIST

KIM, MICHAEL

Provider ID: 245239
Board Certified Specialty: No
COMMUNITY CARE IPA LLC






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

 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):

OPTOMETRIST








MORA, WENDY


Provider ID: 290238
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
Provider Gender: Female
NPI: 1376958389
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

MORA, WENDY

Provider ID: 290236
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
Provider Gender: Female
NPI: 1376958389
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-8PM
F 8AM-5PM


SA 9AM-4PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

MORA, WENDY



Provider ID: 242634
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female
NPI: 1376958389


 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-8PM
F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

TAM, EMILY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 277978
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497161236
Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese, Mandarin,
Yue Chinese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: SU 9AM-4PM
M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

TAM, EMILY

Provider ID: 290315
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000

Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497161236
Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese, Mandarin,
Yue Chinese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: SU 9AM-4PM
M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

TAM, EMILY

Provider ID: 290316
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1497161236
Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin,
Yue Chinese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPTOMETRIST

TRAN, JESSICA

Provider ID: 304596
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP


OPTOMETRIST

TRAN, JESSICA

Provider ID: 303729


Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
 VISTA, CA 92084

 Phone: (760) 631-5000
 Fax: (760) 414-3892


 After Hours Phone: (760)
 631-5000


Provider Gender: Female
 NPI: 1457922957

 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 5\21

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 9AM-4PM

 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP


OPTOMETRIST

TRAN, JESSICA

Provider ID: 303733


Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD

VISTA, CA 92083
 Phone: (760) 631-5000
 Fax: (760) 414-3892


 After Hours Phone: (760)
 631-5000


Provider Gender: Female
 NPI: 1457922957

 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 5\21

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 9AM-4PM


 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP


OPTOMETRIST

TRAN, JESSICA

Provider ID: 304595


Board Certified Specialty: No
 COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR
 VISTA, CA 92084

 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000


Provider Gender: Female
 NPI: 1457922957


 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 9AM-4PM

 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP


PEDIATRICS

RAHIMI, NASSRIN

Provider ID: 257581

Board Certified Specialty: No
 BLUE SHIELD PROMISE
 HEALTH PLAN DIRECT

 1000 VALE TERRACE DR
 VISTA, CA 92084

 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000

Provider Gender: Female
 NPI: 1063438166

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Persian

Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\18

American Sign Language (ASL):
 N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

PROVIDER
🕒 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
🌐 Website: N/A
IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

PHYSICIANS ASSISTANT

WALLACE, STEPHANIE
Provider ID: 239770
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
🕒 After Hours Phone: (888)
216-8482
Provider Gender: Female
NPI: 1518104942
🗣 Provider English Spoken: Y
🗣 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M 8AM-5PM
TU-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
🌐 Website: N/A

IPA: Community Care IPA LLC

PODIATRIST

MILLER, JULIE
Provider ID: 290666
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
🕒 After Hours Phone: (760)
631-5000
Provider Gender: Female
NPI: 1619115664
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, TRI CITY MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PODIATRIST

MILLER, JULIE
Provider ID: 305464
Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP
📍 134 GRAPEVINE RD
VISTA, CA 92083
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
🕒 After Hours Phone: (760)
631-5000
Provider Gender: Female
NPI: 1619115664
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, TRI CITY MEDICAL
CTR
Medi-Cal Open 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
COMMUNITY CARE IPA LLC
📍 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

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
 COMMUNITY CARE IPA LLC
 2067 W VISTA WAY STE 185 VISTA, CA 92083
 Phone: (760) 631-5888
 Fax: (760) 631-5880
 After Hours Phone: (760) 591-7750
 Provider Gender: Male
 NPI: 1114977535
 Provider English Spoken: Y
 Cultural Competency: N

Medi-Cal Open Panel: Yes
 Min/Max Age: 8\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 7AM-7PM
 TU 7AM-5PM
 W 7AM-7PM
 TH 7AM-5PM
 F 7AM-7PM
 Website: N/A
 IPA: Community Care IPA LLC

RHEUMATOLOGY

AL NAHLAWI, BASMA
 Provider ID: 306869
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 2095 W VISTA WAY STE 216 VISTA, CA 92083
 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 9AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP


SURGERY GENERAL


ARMANI, AVA
 Provider ID: 282144
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 910 SYCAMORE AVE STE 102 VISTA, CA 92081
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1861759383
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF MEDICAL CENTER, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM**

 **Website: N/A**

IPA: UCSD Medical Group


SURGERY GENERAL

GROVE, JAY

Provider ID: 245227

**Board Certified Specialty: No
COMMUNITY CARE IPA LLC**

 **2385 S MELROSE DR
VISTA, CA 92081**

 **Phone: (760) 300-3647**

Fax: (760) 482-1316

 **After Hours Phone: (760)
300-3647**

Provider Gender: Male

NPI: 1912971334

 **Provider English Spoken: Y**

 **Provider Language(s)
Spoken: Spanish**

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER, TRI CITY MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 **Accessibility: CONTACT**

PROVIDER

 **Hours: M-F 8AM-5PM**

 **Website: N/A**

IPA: Community Care IPA LLC

WILDOMAR


ANESTHESIOLOGY


HYLTON, DIANA

Provider ID: 241737

**Board Certified Specialty: No
UCSD MEDICAL GROUP**


 **36485 INLAND VALLEY DR
WILDOMAR, CA 92595**

 **Phone: (800) 926-8273**

 **After Hours Phone: (800)
926-8273**

Provider Gender: Female

NPI: 1932527751

 **Provider English Spoken: Y**

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility: CONTACT
PROVIDER**

 **Hours: M-F 8AM-5PM**

 **Website: N/A**

IPA: UCSD Medical Group


ANESTHESIOLOGY

KRAUSE, MARTIN


Provider ID: 287654

**Board Certified Specialty: No
UCSD MEDICAL GROUP**

 **36485 INLAND VALLEY DR
WILDOMAR, CA 92595**

 **Phone: (951) 677-1111**

Fax: (951) 677-9757

 **After Hours Phone: (951)
677-1111**

Provider Gender: Male

NPI: 1417243239

 **Provider English Spoken: Y**

 **Provider Language(s)
Spoken: German**

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄

Provider ID: 275308
Board Certified Specialty: No
UCSD MEDICAL GROUP
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1164809950
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

LI, JINGHONG
Provider ID: 255940
Board Certified Specialty: No
UCSD MEDICAL GROUP
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Phone: (951) 677-1111
After Hours Phone: (951)
677-1111
Provider Gender: Female
NPI: 1619014479
Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/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
UCSD MEDICAL GROUP
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Phone: (951) 677-1111
Fax: (951) 677-9757
After Hours Phone: (951)
677-1111
Provider Gender: Male
NPI: 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
UCSD MEDICAL GROUP
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Phone: (951) 677-1111
Fax: (951) 677-9757
After Hours Phone: (951)
677-1111
Provider Gender: Male
NPI: 1245672302
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE CRITICAL CARE MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

D. 專業提供者目錄


TRAN, LINH

Provider ID: 202658

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR
WILDOMAR, CA 92595

 Phone: (951) 677-1111

 After Hours Phone: (951)
677-1111

Provider Gender: Female

NPI: 1851682728

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR, SOUTHWEST


HEALTHCARE RANCHO
SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Fax: (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

UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR
WILDOMAR, CA 92595

 Phone: (951) 677-1111

Fax: (951) 677-9757

 After Hours Phone: (951)
677-1111

Provider Gender: Male

NPI: 1144615337

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PULMONARY DISEASES


KUMAR, AVNEE

Provider ID: 300013

Board Certified Specialty: No

UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR
WILDOMAR, CA 92595

 Phone: (951) 677-1111

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

E. 醫院名錄 - 普通急症醫院

ALVARADO HOSPITAL LLC

Provider ID: 170056

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619)
287-3270

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: M-F 8AM-4:30PM

NPI: 1265468946

Website: www.alvaradohospital.com

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/

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Birthing Friendly: Y

PALOMAR MEDICAL CENTER

Provider ID: 173011

2185 CITRACADO PKWY
ESCONDIDO, CA 92029

Phone: (442) 281-5000

After Hours Phone: (442)
281-5000

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO



Hours: 24 Hours / 7
days/week

License Number: 080000083

NPI: 1457321317

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。




E. 醫院名錄 - 普通急症醫院





 Website: 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
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:  Hours: 24 Hours / 7 days/week
NPI: 1710065933
 Website: 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
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:  Hours: 24 Hours / 7 days/week
License Number: 080000050
NPI: 1841277704
 Website: www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Birthing Friendly: Y

SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Provider ID: 170305
 354 SANTA FE DR
ENCINITAS, CA 92024
 Phone: (760) 753-6501
 After Hours Phone: (760) 753-6501




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



E. 醫院名錄 - 普通急症醫院

Accepting New Patients: No
Min/Max Age: 0\None
 Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status:
JCAHO
 Hours: 24 Hours / 7
days/week
License Number: 080000148
NPI: 1700829199


 Website: www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas
American Sign Language (ASL):
N
 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-memorial-hospital-encinitas

s- mercy- hospital__scripps
- mercy- hospital- san- die
go
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-memorial-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

 Hours: 24 Hours / 7
days/week

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

E. 醫院名錄 - 普通急症醫院

License Number: 090000008
NPI: 1396728630

 Website: 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/


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


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/

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

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

 Phone: (858) 657-7000

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

E. 醫院名錄 - 普通急症醫院

657-7000

PROVIDER

Accepting New Patients: No


Birthing Friendly: Y

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

 Hours: 24 Hours / 7
days/week

License Number: 090000101

NPI: 1497021265

 Website: N/A

American Sign Language (ASL):


N


 Accessibility: CONTACT
PROVIDER

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:

 Hours: 24 Hours / 7
days/week

License Number: 090000101

NPI: 1184722779

 Website: <https://health.ucsd.edu/locations/pages/hillcrest.aspx>

American Sign Language (ASL):

N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

CARLSBAD

LA COSTA HOUSE

Provider ID: 662923

6433 FLAMENCO ST
CARLSBAD, CA 92009

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

Website: N/A
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHULA VISTA

BIRCH PATRICK CONV CTR

Provider ID: 171998

751 MEDICAL CENTER CT
CHULA VISTA, CA 91911

Phone: (619) 502-3600

Fax: (619) 502-5835

After Hours Phone: (619)
502-3600

Accepting New Patients: No
NPI: 1538142369

Website: www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm
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

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

Credentials and/or
certifications:






Site English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。





F. 長期護理 (LTC) 和專業護理機構 (SNF)


American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

COTTONWOOD CANYON HEALTHCARE CENTER






Provider ID: 171983
 1391 E MADISON AVE
EL CAJON, CA 92021
 Phone: (619) 444-1107
 Fax: (619) 444-1403
 After Hours Phone: (619) 444-1107
 Accepting New Patients: No
 NPI: 1013953199
 Website: <http://cottonwoodcanyonhc.com>
 Credentials and/or certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

COUNTRY HILLS HEALTH CARE CENTER

Provider ID: 416853
 1580 BROADWAY
EL CAJON, CA 92021
 Phone: (619) 441-8745
 After Hours Phone: (619) 441-8745
 Accepting New Patients: No
 NPI: 1700973963
 Website: www.countryhills.c







om
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken: American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin
 Cultural Competency: N
 American Sign Language (ASL):
Y
 Accessibility: CONTACT PROVIDER

COUNTRY HILLS POST ACUTE







Provider ID: 503510
 1580 BROADWAY
EL CAJON, CA 92021
 Phone: (619) 441-8745
 Fax: (619) 441-9029
 After Hours Phone: (619) 441-8745
 Accepting New Patients: No
 NPI: 1063974285
 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC

Provider ID: 286282
































 1340 E MADISON AVE
EL CAJON, CA 92021
 Phone: (619) 447-1020
 Fax: (619) 447-1024
 After Hours Phone: (619) 447-1020
 Accepting New Patients: No
 NPI: 1346516937
 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

MAGNOLIA POST ACUTE CARE

Provider ID: 380518
 635 S MAGNOLIA AVE
EL CAJON, CA 92020
 Phone: (616) 442-8826
 Fax: (619) 442-0288
 After Hours Phone: (616) 442-8826
 Accepting New Patients: No
 NPI: 1316340227
 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

PROVIDER	Credentials and/or certifications:	After Hours Phone: (619) 448-6633
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	Credentials and/or certifications:  Site English Spoken: Y Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	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
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	SOMERSET SUBACUTE AND CARE Provider ID: 348526  151 CLAYDELLE AVE EL CAJON, CA 92020  Phone: (619) 442-0245 Fax: (614) 423-3631  After Hours Phone: (619) 442-0245 Accepting New Patients: No NPI: 1073916987  Website: http://sometersubacute.com Credentials and/or certifications:  Site English Spoken: Y Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	VICTORIA POST ACUTE CARE Provider ID: 387720  654 S ANZA ST EL CAJON, CA 92020  Phone: (619) 440-5005  After Hours Phone: (619) 440-5005 Accepting New Patients: No NPI: 1326441239  Website: http://victoriapostacute.com Credentials and/or certifications:  Site English Spoken: Y Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER
THE BRADLEY COURT Provider ID: 419158  675 E BRADLEY AVE EL CAJON, CA 92021  Phone: (619) 448-6633 Fax: (619) 448-5462	VICTORIA POST ACUTE CARE Provider ID: 387720	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

654 S ANZA ST
EL CAJON, CA 92020
Phone: (619) 440-5005
After Hours Phone: (619) 440-5005

Accepting New Patients: No
NPI: 1326441239

Website: www.VICTORIAPOSTACUTE.com
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

Credentials and/or certifications:

Site English Spoken: Y
Site Language(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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

ESCONDIDO

ESCONDIDO CARE CENTER

Provider ID: 172027

421 E MISSION AVE
ESCONDIDO, CA 92025

Phone: (760) 747-0430

Fax: (760) 747-0569

After Hours Phone: (760)
747-0430

Accepting New Patients: No

Hours: M-F 8AM-4:30PM

NPI: 1588660765

Website: <http://escondidopostacute.com>

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

LIFE CARE CENTER OF ESCONDIDO

Provider ID: 172010

1980 FELICITA RD
ESCONDIDO, CA 92025

Phone: (760) 741-6109

After Hours Phone: (760)
741-6109

Accepting New Patients: No

NPI: 1386681286

Website: <http://lifecarecenterofescondido.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PALOMAR HEIGHTS CARE CTR

Provider ID: 170055

1260 E OHIO AVE
ESCONDIDO, CA 92027

Phone: (760) 746-1100

After Hours Phone: (760)
746-1100

Accepting New Patients: No

NPI: 1255337440

Website: <http://palomarheightsrehab.com>

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PALOMAR VISTA HEALTHCARE CTR

Provider ID: 171988

201 N FIG ST
ESCONDIDO, CA 92025

Phone: (760) 746-0303

Fax: (760) 738-1749

After Hours Phone: (760)

746-0303

Accepting New Patients: No

NPI: 1861491490

Website: <http://palomarvista.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

VALLE VISTA POST ACUTE

Provider ID: 171968

1025 W 2ND AVE
ESCONDIDO, CA 92025

Phone: (760) 745-1842

Fax: (760) 745-4346

After Hours Phone: (760)
745-1842

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1659369262

Website: www.covenantcare.com

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

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

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

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/

Credentials and/or

certifications:

Site English Spoken: Y

































Site Languages(s) Spoken:
Tagalog, Spanish, Russian

Cultural Competency: N

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

<p>N  <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>certifications:</i>  <i>Site English Spoken: Y</i> <i>Cultural Competency: N</i> <i>American Sign Language (ASL):</i></p>	<p> <i>After Hours Phone: (619) 460-4444</i> <i>Accepting New Patients: No</i> <i>NPI: 1689077588</i></p>
<p>CARE MERIDIAN LA MESA <i>Provider ID: 173379</i>  5640 AZTEC DR LA MESA, CA 91942  <i>Phone: (949) 263-6632</i> <i>Fax: (619) 465-0019</i>  <i>After Hours Phone: (949) 263-6632</i> <i>Accepting New Patients: No</i> <i>NPI: 1235404674</i>  <i>Website: www.neurorestorative.com</i> <i>Credentials and/or certifications:</i>  <i>Site English Spoken: Y</i> <i>Cultural Competency: N</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i></p>	<p>N  <i>Accessibility: CONTACT PROVIDER</i></p> <p>GROSSMONT HOSPITAL DP SNF <i>Provider ID: 172643</i>  5555 GROSSMONT CENTER DR LA MESA, CA 91942  <i>Phone: (619) 740-4110</i>  <i>After Hours Phone: (619) 740-4110</i> <i>Accepting New Patients: No</i> <i>NPI: 1417930249</i></p>	<p> <i>Website: http://grossmontpostacute.com</i> <i>Credentials and/or certifications:</i>  <i>Site English Spoken: Y</i> <i>Cultural Competency: N</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i></p>
<p>COUNTRY MANOR LA MESA HEALTHCARE CENTER <i>Provider ID: 172023</i>  5696 LAKE MURRAY BLVD LA MESA, CA 91942  <i>Phone: (619) 460-7871</i>  <i>After Hours Phone: (619) 460-7871</i> <i>Accepting New Patients: No</i> <i>NPI: 1457345001</i>  <i>Website: countrymanorlamesa.com</i> <i>Credentials and/or</i></p>	<p> <i>Website: www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm</i> <i>Credentials and/or certifications:</i>  <i>Site English Spoken: Y</i> <i>Cultural Competency: N</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i></p> <p>GROSSMONT POST ACUTE CARE <i>Provider ID: 310488</i>  8787 CENTER DR LA MESA, CA 91942  <i>Phone: (619) 460-4444</i> <i>Fax: (619) 713-5116</i></p>	<p>HILLDALE HABILITATION CENTER <i>Provider ID: 527671</i>  7979 LA MESA BLVD LA MESA, CA 91942  <i>Phone: (619) 465-8010</i> <i>Fax: (619) 465-8348</i>  <i>After Hours Phone: (619) 465-8010</i> <i>Accepting New Patients: No</i>  <i>Hours: M-F 8AM-5PM</i> <i>NPI: 1073736427</i>  <i>Website: N/A</i> <i>Credentials and/or certifications:</i>  <i>Site English Spoken: Y</i> <i>Cultural Competency: N</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i></p> <p>LA MESA HEALTHCARE CTR</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

Provider ID: 172022

3780 MASSACHUSETTS AVE
LA MESA, CA 91941

Phone: (619) 465-1313

Fax: (619) 465-8429

After Hours Phone: (619) 465-1313

Accepting New Patients: No

NPI: 1003852666

Website: <http://lamesahealthcare.com>

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PARKWAY HILLS NURSING & REHAB

Provider ID: 417047

7760 PARKWAY DR
LA MESA, CA 91942

Phone: (619) 469-0124

Fax: (619) 828-7654

After Hours Phone: (619) 469-0124

Accepting New Patients: No

Hours: M-TH 9AM-5PM
F 5AM-5PM

NPI: 1174926448

Website: N/A
Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Farsi, Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

LEMON GROVE

BELLA VISTA HEALTH CENTER

Provider ID: 419062

7922 PALM ST
LEMON GROVE, CA 91945

Phone: (619) 644-1000

Fax: (619) 797-2920

After Hours Phone: (619) 644-1000

Accepting New Patients: No

NPI: 1760709687

Website: www.bellavistahealth.com

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

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

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/
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
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
Credentials and/or

certifications:

Site English Spoken: Y

Site Language(s) Spoken:
Spanish, Armenian, Korean,
Tagalog

Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

MCNEALY HOUSE

Provider ID: 662925

4602 ALLENDE AVE
OCEANSIDE, CA 92057

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: No

NPI: 1962488007

Website: N/A
Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER


MICHALOWSKI HOME

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

Provider ID: 662925


 4602 ALLENDE AVE
OCEANSIDE, CA 92057

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

 Website: N/A
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

POWAY


BOULDER CREEK POST ACUTE

Provider ID: 276987


 12696 MONTE VISTA RD
POWAY, CA 92064

 Phone: (858) 487-6242

Fax: (858) 487-4282

 After Hours Phone: (858)
487-6242

Accepting New Patients: No
 Hours: M-F 8AM-5:30PM
NPI: 1073902672

 Website: [http://bouldercre
ekpa.com](http://bouldercre
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.
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
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)




 Phone: (619) 283-5855
 Fax: (619) 284-6327
 After Hours Phone: (619) 283-5855
 Accepting New Patients: No
 Hours: SU-SA 9AM-5PM
 NPI: 1487640066
 Website: <http://arroyovistacare.com>
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken: Mandarin, Spanish, Vietnamese, Arabic, Tagalog
 Cultural Competency: N
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER



BALBOA NURSING AND REHAB CTR

Provider ID: 416840
 3520 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 291-5270
 After Hours Phone: (619) 291-5270
 Accepting New Patients: No
 NPI: 1578521274
 Website: <http://balboahc.com>
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken:

Mandarin, Spanish, Tagalog, Vietnamese
 Cultural Competency: N
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

BRIGHTON PLACE SAN DIEGO

Provider ID: 402624
 1350 EUCLID AVE
 SAN DIEGO, CA 92105
 Phone: (619) 263-2166
 After Hours Phone: (619) 263-2166
 Accepting New Patients: No
 NPI: 1346258274






 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR

Provider ID: 171971
 11895 AVENUE OF INDUSTRY
 SAN DIEGO, CA 92128
 Phone: (858) 673-0101
 Fax: (858) 673-8320
 After Hours Phone: (858) 673-0101
 Accepting New Patients: No

NPI: 1083727093
 Website: <http://carmelmountain.net>
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken: Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese
 Cultural Competency: N
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

GOLDEN HILL POST ACUTE

Provider ID: 614821
 1201 34TH ST
 SAN DIEGO, CA 92102
 Phone: (619) 232-2946
 Fax: (619) 702-7358
 After Hours Phone: (619) 232-2946
 Accepting New Patients: No
 NPI: 1598229437
 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

HILLCREST HEIGHTS HEALTHCARE CENTER

Provider ID: 509489

4033 6TH AVE
SAN DIEGO, CA 92103

Phone: (619) 297-4086

Fax: (619) 297-9238

After Hours Phone: (619)
297-4086

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1558825067

Website: N/A
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

JACOB HEALTH CARE CENTER LLC

Provider ID: 172617

4075 54TH ST
SAN DIEGO, CA 92105

Phone: (619) 582-5168

Fax: (619) 325-0194

After Hours Phone: (619)
582-5168

Accepting New Patients: No
NPI: 1881684900

Website: www.jacobhealthcare.com

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

MISSION HILLS POST ACUTE CARE

Provider ID: 339053

3680 REYNARD WAY
SAN DIEGO, CA 92103

Phone: (619) 297-4484

Fax: (855) 214-6992

After Hours Phone: (619)
297-4484

Accepting New Patients: No
NPI: 1669875563

Website: <http://missionhillspostacute.com>
Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

RADY CHILDRENS

CONVALESCENT HOSPITAL

Provider ID: 172200

8022 BIRMINGHAM DR
SAN DIEGO, CA 92123

Phone: (858) 966-5833

Fax: (858) 966-8558

After Hours Phone: (858)
966-5833

Accepting New Patients: No
NPI: 1992881478

Website: www.rchsd.org
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REO VISTA HEALTHCARE CTR

Provider ID: 171993

6061 BANBURY ST
SAN DIEGO, CA 92139

Phone: (619) 475-2211

Fax: (619) 479-9126

After Hours Phone: (619)
475-2211

Accepting New Patients: No
NPI: 1255499174

Website: <http://reovista.com>

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

ST PAULS HEALTH CARE CENTER

Provider ID: 288531

235 NUTMEG ST
SAN DIEGO, CA 92103

Phone: (619) 677-3895

After Hours Phone: (619)
677-3895

Accepting New Patients: No
NPI: 1972619104

Website: N/A
Credentials and/or

certifications: CMS

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

THE PAVILION AT OCEAN POINT

Provider ID: 262151

3202 DUKE ST
SAN DIEGO, CA 92110

Phone: (619) 224-4141

After Hours Phone: (619)
224-4141

Accepting New Patients: No
NPI: 1538174990

Website: N/A
Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

THE SPRINGS AT PACIFIC REGENT

Provider ID: 172008

3884 NOBEL DR
SAN DIEGO, CA 92122

Phone: (858) 625-8700

Fax: (858) 625-8777

After Hours Phone: (858)
625-8700

Accepting New Patients: No
NPI: 1003198342

Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

UNIVERSITY CARE CENTER

Provider ID: 172024

5602 UNIVERSITY AVE
SAN DIEGO, CA 92105

Phone: (619) 583-1993

Fax: (619) 501-3559

After Hours Phone: (619)
583-1993

Accepting New Patients: No
NPI: 1871522672

Website: <http://universitycarecenter.com>

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Tagalog, Mandarin,
Russian, Vietnamese, Farsi,
Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

VILLA RANCHO BERNARDO CARE CENTER

Provider ID: 172009

15720 BERNARDO CENTER
DR

SAN DIEGO, CA 92127

Phone: (858) 672-3900

Fax: (858) 672-9247

After Hours Phone: (858)
672-3900

Accepting New Patients: No
NPI: 1518063437

Website: www.villaranchobernardo.com

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N






Accessibility: CONTACT
PROVIDER

WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL





Provider ID: 172012


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

 1201 34TH ST
 SAN DIEGO, CA 92102
 Phone: (619) 232-2946
 Fax: (310) 595-3529
 After Hours Phone: (619)
 232-2946
 Accepting New Patients: No
 NPI: 1811963028
 Website: <https://windsorgo.com>
[Idenhill.com](https://windsorgo.com)
 Credentials and/or
 certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken:
 Spanish, Tagalog
 Cultural Competency: N
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER






SAN MARCOS

CARLO HOUSE
 Provider ID: 662931
 411 CARLO ST
 SAN MARCOS, CA 92078
 Phone: (760) 721-1706
 Fax: (760) 721-9872
 After Hours Phone: (760)
 721-1706
 Accepting New Patients: No
 NPI: 1962488007
 Website: N/A
 Credentials and/or
 certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):

N
 Accessibility: CONTACT
 PROVIDER



SANTEE




STANFORD COURT SKILLED NURSING AND REHAB CENTER

Provider ID: 171994
 8778 CUYAMACA ST
 SANTEE, CA 92071
 Phone: (619) 449-5555
 After Hours Phone: (619)
 449-5555
 Accepting New Patients: No
 Hours: SU-SA 8AM-5PM
 NPI: 1184628554
 Website: www.lifegen.net/S
[tanfordcourt/](http://www.lifegen.net/S)
 Credentials and/or
 certifications:






Site English Spoken: Y
 Site Languages(s) Spoken:
 Tagalog, Spanish
 Cultural Competency: N
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

SPRING VALLEY

**AMAYA SPRINGS HEALTH
CARE CENTER**
 Provider ID: 420233
 8625 LAMAR ST
 SPRING VALLEY, CA 91977
 Phone: (323) 326-6186

Fax: (619) 461-3575
 After Hours Phone: (323)
 326-6186
 Accepting New Patients: No
 NPI: 1518974542
 Website: N/A
 Credentials and/or
 certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

BRIGHTON PLACE SPRING VALLEY

Provider ID: 417094
 9009 CAMPO RD
 SPRING VALLEY, CA 91977
 Phone: (619) 460-2711
 Fax: (619) 460-0451
 After Hours Phone: (619)
 460-2711
 Accepting New Patients: No
 NPI: 1780682021
 Website: N/A
 Credentials and/or
 certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

MOUNT MIGUEL COVENANT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供
 者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

VILLAGE HEALTH FAC

Provider ID: 171969

325 KEMPTON ST
SPRING VALLEY, CA 91977

Phone: (619) 931-1151

Fax: (224) 233-1397

After Hours Phone: (619)
931-1151

Accepting New Patients: No

Hours: SU-SA 8AM-5PM
NPI: 1649375403

Website: covivingmountmiguel.org

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

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

VALLEY CENTER

AMREEN HOME

Provider ID: 658588

13873 OAKWOOD GLEN PL
VALLEY CENTER, CA 92082

Phone: (760) 751-9879

Fax: (760) 749-3019

After Hours Phone: (760)
751-9879

Accepting New Patients: No
NPI: 1700160405

Website: N/A
Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

VISTA

ANZA HOUSE

Provider ID: 662920

1736 ANZA AVE
VISTA, CA 92084

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

Website: N/A
Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

GRACE HOUSE

Provider ID: 662919

2507 HIBISCUS AVE
VISTA, CA 92081

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

Website: N/A
Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

LA FUENTE POST ACUTE

Provider ID: 429590

247 E BOBIER DR
VISTA, CA 92084

Phone: (760) 945-3033

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)

 After Hours Phone: (760) 945-3033

Accepting New Patients: No

 Hours: SU-SA 8:30AM-5PM

NPI: 1366802696

 Website: N/A

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

LIFE CARE CENTER OF VISTA

Provider ID: 171970


 304 N MELROSE DR
VISTA, CA 92083

 Phone: (760) 724-8222


Fax: (760) 941-4870

 After Hours Phone: (760) 724-8222

Accepting New Patients: No

 Hours: SU-SA 9AM-5PM

NPI: 1811942063

 Website: www.lcca.com

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Tagalog

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

MARSHALL HOUSE

Provider ID: 662924

 758 S MELROSE DR
VISTA, CA 92081

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760) 721-1706

Accepting New Patients: No

NPI: 1962488007

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

MONTGOMERY HOUSE

Provider ID: 662927

 1658 MONTGOMERY DR
VISTA, CA 92084

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760) 721-1706

Accepting New Patients: No

NPI: 1962488007

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

ORIENTE HOUSE

Provider ID: 662928

 3081 ORIENTE DR
VISTA, CA 92084

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760) 721-1706

Accepting New Patients: No

NPI: 1962488007

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

SAVA HOME

Provider ID: 669500


 263 AHMU TER
VISTA, CA 92084

 Phone: (760) 305-7052

Fax: (760) 509-4949

 After Hours Phone: (760) 305-7052

Accepting New Patients: No

 Hours: M-F 8AM-5PM

NPI: 1962541177

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

F. 長期護理 (LTC) 和專業護理機構 (SNF)


Cultural Competency: N


*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

SUSAN PARHAM HOUSING CORPORATION

Provider ID: 662929

 1658 ANZA AVE
VISTA, CA 92084

 *Phone: (760) 721-1706*

Fax: (760) 721-9872

 *After Hours Phone: (760)
721-1706*

*Accepting New Patients: No
NPI: 1093137762*

 *Website: N/A*

*Credentials and/or
certifications:*

Site English Spoken: Y

Cultural Competency: N


*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

VISTA HEALTHCARE CENTER

Provider ID: 171990


 247 E BOBIER DR
VISTA, CA 92084


 *Phone: (760) 945-3033*

Fax: (760) 724-3169

 *After Hours Phone: (760)
945-3033*

Accepting New Patients: No

 *Hours: M-F 8AM-5PM
NPI: 1912189812*

 *Website: <http://astorhealth.com>*

*Credentials and/or
certifications:*

Site English Spoken: Y

*Site Language(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 Language(s) Spoken:
Korean, Tagalog,*

Vietnamese, Spanish

Cultural Competency: N

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

G. 基於社群的成人服務 (CBAS) - 成人日間服務

CHULA VISTA

OPEN ARMS ADHC

Provider ID: 417307

301 E J ST
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619) 420-1404

Accepting New Patients: No

Hours: M-F 7AM-3PM

License Number: 060002076

NPI: 1598882169

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Website: <http://openarmsadhc.com>

EL CAJON

WESTERN ADHC

Provider ID: 417305

240 S MAGNOLIA AVE
EL CAJON, CA 92020

Phone: (619) 631-7222

Fax: (619) 631-9228

After Hours Phone: (619) 631-7222

Accepting New Patients: No

Site Language(s) Spoken: Spanish, Arabic, Tagalog, Farsi

Hours: M-F 7AM-3:30PM
NPI: 1821125550

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: Y

If Facility has completed cultural competence training: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: Y

Website: <https://westernadhc.wordpress.com/>

EL CAJON ADHC

Provider ID: 637126

854 JACKMAN ST
EL CAJON, CA 92020

Phone: (619) 328-2112

Fax: (619) 328-0069

After Hours Phone: (619) 328-2112

Accepting New Patients: No

Hours: SU-SA 9AM-3PM

License Number: 550008511

NPI: 1184207631

Accessibility: CONTACT

PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Website: N/A

MAGNOLIA ADULT DAY HEALTH CARE

Provider ID: 408541

490 N MAGNOLIA AVE
EL CAJON, CA 92020

Phone: (619) 444-1522

Fax: (619) 444-1516

After Hours Phone: (619) 444-1522

Accepting New Patients: No

Hours: M-F 8AM-4PM

License Number: 60000821

NPI: 1487864468

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

G. 基於社群的成人服務 (CBAS) - 成人日間服務

Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English
Languages: N
Website: <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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

G. 基於社群的成人服務 (CBAS) - 成人日間服務

services: Y

If Facility has completed

cultural competence training:

N

Facility has access to skilled

medical interpreters on site?: N

Interpreter Non-English

Languages: Y


 Website: Sandiegofamilycircle.com

LOVING CARE ADHC

Provider ID: 419961

 2565 CAMINO DEL RIO S
STE 201

SAN DIEGO, CA 92108

 Phone: (619) 718-9777

Fax: (619) 569-2855

 After Hours Phone: (619)
718-9777

Accepting New Patients: No

 Hours: SU-SA 8:30AM-4PM

NPI: 1346455961

 Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
N

Language line interpreter
services: N

If Facility has completed

cultural competence training:


N

Facility has access to skilled

medical interpreters on site?: N

Interpreter Non-English


Languages: N


 Website: www.lovingcareadhc.com

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
a.com

 After Hours Phone: (760)
682-2424

Accepting New Patients: No
License Number: 060000832

NPI: 1528271186

 Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
N

Language line interpreter
services: N


If Facility has completed
cultural competence training:

Facility has access to skilled

medical interpreters on site?: N

Interpreter Non-English

Languages: N

 Website: www.americaread
hc.com

SAN MARCOS


AMERICARE ADULT DAY

HEALTH CARE CENTER

Provider ID: 420060

 340 RANCHEROS DR STE
196

SAN MARCOS, CA 92069

 Phone: (760) 682-2424

Fax: (760) 471-5104

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


H. 縣居家支援服務 (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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

ALPINE

KHALEEL, AMMAR

Provider Gender: Male

License Number: LCS110302

NPI: 1841744208

Provider English Spoken: Y

Arabic

Cultural Competency: N

AMMAR KHALEEL

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

TORRES, RANDALL

Provider Gender: Male

License Number: PSY31823

NPI: 1871696435

Provider English Spoken: Y

Cultural Competency: N

RANDALL P TORRES

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CAMPO

CASTLEBERRY, DANI

Provider Gender: Female

License Number: LCS95022

NPI: 1053706853

Provider English Spoken: Y

Spanish

Cultural Competency: N

DANI E CASTLEBERRY

1388 BUCKMAN SPRINGS
RD

CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 478-9164

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site 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

CHULA VISTA

BAYLON, ALDO

Provider Gender: Male

License Number: PSY29904

NPI: 1649429150

Provider English Spoken: Y

Spanish

Cultural Competency: N

ALDO BAYLON

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 14\None


Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 Hours: M-F 8AM-8PM
SA 8AM-4PM

CASTLEBERRY, DANI

Provider Gender: Female
License Number: LCS95022
NPI: 1053706853


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

DANI E CASTLEBERRY

 780 BAY BLVD STE 200
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


Fax: (619) 240-7825

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

CELAYA, PATRICIA

Provider Gender: Female
License Number: PSY33233
NPI: 1952656902


 Provider English Spoken: Y

 Spanish


Cultural Competency: N

PATRICIA E CELAYA

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


Fax: (619) 425-1184

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-8PM
SA 8AM-4PM


GALLO, LINDA

Provider Gender: Female
License Number: PSY27375
NPI: 1427773621

 Provider English Spoken: Y

Cultural Competency: N

LINDA C GALLO

 780 BAY BLVD STE 200
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 240-7852

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


GOULD, HILARY

Provider Gender: Female
License Number: PSY31088
NPI: 1104297696

 Provider English Spoken: Y

Cultural Competency: N

HILARY GOULD

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

🕒 *Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM*

JUAREZ, AMERICA

Provider Gender: Female

License Number: LCS92516

NPI: 1386281541

🗨️ *Provider English Spoken: Y
Cultural Competency: N*

AMERICA P JUAREZ

📍 678 3RD AVE
CHULA VISTA, CA 91910

☎️ *Phone: (619) 662-4100
Fax: (619) 425-1184*

🕒 *After Hours Phone: (619)
662-4100*

🌐 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

*Gender Restriction: No Gender
restriction*

*American Sign Language (ASL):
N*

♿️ *Accessibility: CONTACT
PROVIDER*

KURZ, TROY

Provider Gender: Male

License Number: A157190

NPI: 1154862357

🗨️ *Provider English Spoken: Y
Cultural Competency: N*

TROY L KURZ

📍 678 3RD AVE

CHULA VISTA, CA 91910

☎️ *Phone: (619) 662-4100
Fax: (619) 425-6941*

🕒 *After Hours Phone: (619)
662-4100*

🌐 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

🗨️ *Site 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-8PM
SA 8AM-4PM*

MALAK, LAWRENCE

Provider Gender: Male

License Number: A115345

NPI: 1467773028

🗨️ *Provider English Spoken: Y
Cultural Competency: N*

LAWRENCE T MALAK

📍 678 3RD AVE
CHULA VISTA, CA 91910

☎️ *Phone: (619) 662-4100
Fax: (619) 425-1184*

🕒 *After Hours Phone: (619)
662-4100*

🌐 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

*American Sign Language (ASL):
N*

♿️ *Accessibility: CONTACT
PROVIDER*

MARTINEZ, STEPHANIE

Provider Gender: Female

License Number: A152787

NPI: 1699126367

🗨️ *Provider English Spoken: Y
Spanish*

Cultural Competency: N

STEPHANIE MARTINEZ

📍 678 3RD AVE
CHULA VISTA, CA 91910

☎️ *Phone: (619) 662-4100
Fax: (619) 425-1184*

🕒 *After Hours Phone: (619)
662-4100*

🌐 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

*American Sign Language (ASL):
N*

♿️ *Accessibility: CONTACT
PROVIDER*

🕒 *Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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

NPI: 1326484437


Provider English Spoken: Y
Cultural Competency: N


EMILY A TROYER

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-8PM
SA 8AM-4PM

WIJAYARATNE, IMANIE

Provider Gender: Female


License Number: PSY25044

NPI: 1932358355

Provider English Spoken: Y
Cultural Competency: N

IMANIE S WIJAYARATNE

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 245-1184

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

EL CAJON

ARAIZA, ERNESTINA

Provider Gender: Female


License Number: PSY32549

NPI: 1568608636

Provider English Spoken: Y
Cultural Competency: N

ERNESTINA ARAIZA

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)
662-4100

 Website: N/A


Accepting New Patients: Yes
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

ARNOLD, REBECCA

Provider Gender: Female

License Number: MFC95778

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

NPI: 1225580350

 Provider English Spoken: Y
Cultural Competency: N

REBECCA L ARNOLD

 855 E MADISON AVE
EL CAJON, CA 92020

 Phone: (619) 270-3600


Fax: (360) 462-2746

 After Hours Phone: (619)
270-3600

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:
Japanese, Spanish, Italian,
Chinese, Farsi, Arabic,
Mandarin

TDD: U

Min/Max Age: 4\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

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) 270-3600


Fax: (360) 462-2746

 After Hours Phone: (619)
270-3600

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:
Japanese, Spanish, Italian,
Chinese, Farsi, Arabic,
Mandarin


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

CASEY, SHANNON

Provider Gender: Female

License Number: PSY31889


NPI: 1548873755

 Provider English Spoken: Y
 Sign Language

Cultural Competency: N

SHANNON K CASEY

 215 W MADISON AVE
EL CAJON, CA 92020

 Phone: (760) 737-6935

Fax: (760) 741-2782

 After Hours Phone: (760)
737-6935

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER



 Hours: M-F 9AM-7PM

CASEY, SHANNON

Provider Gender: Female

License Number: PSY31889


NPI: 1548873755

 Provider English Spoken: Y
 Sign Language

Cultural Competency: N

SHANNON K CASEY

 215 W MADISON AVE
EL CAJON, CA 92020

 Phone: (760) 737-6935

Fax: (760) 741-2782

 After Hours Phone: (760)
737-6935

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-7PM

CRUZ, GUADALUPE

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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

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: (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: 13\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

MANUEL, FRANCESCA

Provider Gender: Female

License Number: LCS107210

NPI: 1275097081

Provider English Spoken: Y

Cultural Competency: N

FRANCESCA A MANUEL

215 W MADISON AVE
EL CAJON, CA 92020

Phone: (619) 667-6125

Fax: (619) 590-9036

After Hours Phone: (619)
667-6125

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site 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

MAXWELL-JUNGE, MELISSA

Provider Gender: Female

License Number: LCS90791

NPI: 1275182826

Provider English Spoken: Y




Cultural Competency: N


MELISSA K MAXWELL-JUNGE

215 W MADISON AVE
EL CAJON, CA 92020

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 Phone: (619) 667-6125
Fax: (619) 590-9036
 After Hours Phone: (619)
667-6125
 Website: N/A
Accepting New Patients: Yes

Site English Spoken: Y
TDD: U
Min/Max Age: 18\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER


POSTLETHWAITE, ALEJANDRA

Provider Gender: Female
License Number: A88938
NPI: 1750566915
 Provider English Spoken: Y
 Spanish
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
 Accessibility: CONTACT
PROVIDER

SADDA, REEM

Provider Gender: Female
License Number: A163129
NPI: 1871921833
 Provider English Spoken: Y
 Arabic
Cultural Competency: N
REEM J SADDA






 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 18\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM

WEAVER, AMANDA

Provider Gender: Female
License Number: MFC105361
NPI: 1174266423
 Provider English Spoken: Y

Cultural Competency: N
AMANDA R WEAVER
 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Languages(s) Spoken:
Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

WHEELER, KIM

Provider Gender: Female
License Number: PSY34237
NPI: 1700577434

Provider English Spoken: Y
Cultural Competency: N
KIM N WHEELER
 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
Fax: (619) 785-3356
 After Hours Phone: (619)
662-4100
 Website: N/A
Accepting New Patients: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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

ZONA, EMILY

Provider Gender: Female

License Number: MFC144893

NPI: 1457876146

Provider English Spoken: Y
Cultural Competency: N

EMILY E ZONA

855 E MADISON AVE
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619) 440-2751

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

ENCINITAS

GARCIA, ROSEMARIE

Provider Gender: Female

License Number: MFC123590

NPI: 1710410980

Provider English Spoken: Y
Cultural Competency: N

ROSEMARIE C GARCIA

1130 2ND ST
ENCINITAS, CA 92024

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

GOMEZ, JUANITA

Provider Gender: Female

License Number: PSY27439

NPI: 1790915759

Provider English Spoken: Y
Spanish

Cultural Competency: N

JUANITA GOMEZ

1505 ENCINITAS BLVD
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

LOPEZ, JOANNA

Provider Gender: Female

License Number: MFC50381

NPI: 1275664385

Provider English Spoken: Y
Cultural Competency: N

JOANNA M LOPEZ

1130 2ND ST
ENCINITAS, CA 92024

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

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) 520-8300
Fax: (858) 633-4698

After Hours Phone: (760) 520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM

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

Hours: M 9AM-4PM
W-F 9AM-4PM

BELINSKY, MARIA

Provider Gender: Female

License Number: LCS69175

NPI: 1760867824

Provider English Spoken: Y
Spanish

Cultural Competency: N

MARIA T BELINSKY

460 N ELM ST
ESCONDIDO, CA 92025

Phone: (760) 520-8100
Fax: (360) 462-2745

After Hours Phone: (760) 520-8100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

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: (360) 462-2748

 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

BERNABE, NARAE

Provider Gender: Female


License Number: MFC95046

NPI: 1942633490

 Provider English Spoken: Y
Cultural Competency: N


NARAE L BERNABE

 425 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8300


Fax: (858) 633-4698

 After Hours Phone: (760)
520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

BERNABE, NARAE

Provider Gender: Female


License Number: MFC95046

NPI: 1942633490

 Provider English Spoken: Y
Cultural Competency: N

NARAE L BERNABE

 425 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8300


Fax: (858) 633-4698

 After Hours Phone: (760)
520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:
Spanish


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



 Hours: M-F 8AM-5PM

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: (858) 633-4698

 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: 18\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

Gender Restriction: No Gender restriction

American Sign Language (ASL): License Number: A158480

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): License Number: LCS24129

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*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

*American Sign Language (ASL): License Number: A187562
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: (360) 462-2745

 *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-0PM*

FU, KATHERINE


Provider Gender: Female

NPI: 1356877807

 *Provider English Spoken: Y
Cultural Competency: N*


KATHERINE FU

 704 E GRAND AVE
ESCONDIDO, CA 92025

 *Phone: (619) 662-4100*


Fax: (619) 662-4196

 *After Hours Phone: (619) 662-4100*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


 *Site Languages(s) Spoken: Spanish*


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

GILL, MANPREET

Provider Gender: Male


License Number: A180790

NPI: 1144875535

 *Provider English Spoken: Y
Cultural Competency: N*

MANPREET GILL

 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*

GILL, MANPREET

Provider Gender: Male


License Number: A180790

NPI: 1144875535

 *Provider English Spoken: Y
Cultural Competency: N*

MANPREET GILL

 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

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) 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*

HARRIS, LAURA

Provider Gender: Female


License Number: LCS18214

NPI: 1255640280

 *Provider English Spoken: Y*
Cultural Competency: N

LAURA S HARRIS

 1002 E GRAND AVE
ESCONDIDO, CA 92025

 *Phone: (760) 741-2660*

Fax: (760) 741-2642

 *After Hours Phone: (760) 741-2660*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


TDD: 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 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*

MAGOS, DANIEL

Provider Gender: Male

License Number: LCS88270


NPI: 1578983664

 *Provider English Spoken: Y*
 *Spanish*

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) 520-8300*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

PROVIDER		
MARTINEZ, NORAYMA Provider Gender: Female License Number: LCS100019 NPI: 1669808267 <input type="checkbox"/> 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 <input type="checkbox"/> 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	 460 N ELM ST ESCONDIDO, CA 92025  Phone: (442) 286-7916 Fax: (760) 741-2782  After Hours Phone: (442) 286-7916  Website: N/A Accepting New Patients: Yes Site English Spoken: Y TDD: U Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM	Gender Restriction: No Gender restriction American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM
MIRAMONTES, DIANA Provider Gender: Female License Number: MFC105241 NPI: 1598099962 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N DIANA A MIRAMONTES  460 N ELM ST ESCONDIDO, CA 92025  Phone: (442) 286-7916 Fax: (760) 741-2782  After Hours Phone: (442) 286-7916  Website: N/A Accepting New Patients: Yes Site English Spoken: Y TDD: U Min/Max Age: 0\None	MIRAMONTES, DIANA Provider Gender: Female License Number: MFC105241 NPI: 1598099962 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N DIANA A MIRAMONTES  460 N ELM ST ESCONDIDO, CA 92025  Phone: (442) 286-7916 Fax: (760) 741-2782  After Hours Phone: (442) 286-7916  Website: N/A Accepting New Patients: Yes Site English Spoken: Y TDD: U Min/Max Age: 0\None	POSTLETHWAITE, ALEJANDRA Provider Gender: Female License Number: A88938 NPI: 1750566915 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Spanish 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
MIRAMONTES, DIANA Provider Gender: Female License Number: MFC105241 NPI: 1598099962 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N DIANA A MIRAMONTES	MIRAMONTES, DIANA Provider Gender: Female License Number: MFC105241 NPI: 1598099962 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N DIANA A MIRAMONTES	PRASAD, AMITHA Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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


TDD: U

Min/Max Age: 0\None

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

TDD: 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 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




ROBLEDO, DAMIAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄


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: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

STONE, CALVIN

Provider Gender: Male
License Number: 20A18127
NPI: 1275995870

Provider English Spoken: Y
Cultural Competency: N

CALVIN T STONE

 425 N DATE ST
ESCONDIDO, CA 92025
 *Phone: (760) 520-8300*
Fax: (858) 633-4698

 *After Hours Phone: (760) 520-8300*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄


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: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

TEETER-WITT, ALYSSA

Provider Gender: Female


License Number: PSY31075

NPI: 1932308442

 Provider English Spoken: Y
Cultural Competency: N


ALYSSA TEETER-WITT

 425 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8300

Fax: (858) 633-4698

 After Hours Phone: (760)
520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

TEETER-WITT, ALYSSA

Provider Gender: Female


License Number: PSY31075

NPI: 1932308442

 Provider English Spoken: Y
Cultural Competency: N

ALYSSA TEETER-WITT

 426 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

Fax: (858) 633-4693

 After Hours Phone: (760)
690-5900

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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: 18\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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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

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) 520-8300
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

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

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 Languages(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
☐ Spanish, Spanish
Cultural Competency: N

JUANA VAQUERO
📍 425 N DATE ST
ESCONDIDO, CA 92025
☎ Phone: (760) 520-8300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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 KRISHNA

Provider Gender: Male

License Number: 20A19415

NPI: 1679070569

☑ Provider English Spoken: Y
Cultural Competency: N

VAMSI KRISHNA 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

GILROY, LAURA

Provider Gender: Female

License Number: LCS27123

NPI: 1437427978

☑ Provider English Spoken: Y
☑ Spanish

Cultural Competency: N

LAURA L GILROY

📍 1328 S MISSION RD
FALLBROOK, CA 92028

☎ Phone: (760) 451-4720

Fax: (760) 457-4700

☎ After Hours Phone: (760) 451-4720

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 7\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

MAGEE, ANNA

Provider Gender: Female

License Number: LCS107407

NPI: 1194234609

☑ Provider English Spoken: Y
Cultural Competency: N

ANNA M MAGEE

📍 1328 S MISSION RD
FALLBROOK, CA 92028

☎ Phone: (760) 451-4720

Fax: (760) 457-4700

☎ After Hours Phone: (760) 451-4720

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

☑ Site Languages(s) Spoken: Spanish

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

MCAULEY, ROBERT

Provider Gender: Male


License Number: G23317

NPI: 1194881888

 Provider English Spoken: Y
Cultural Competency: N

ROBERT A MCAULEY

 1328 S MISSION RD
FALLBROOK, CA 92028

 Phone: (760) 451-4730

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4730

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

MILES, RENEE

Provider Gender: Female


License Number: LCS70204

NPI: 1053763623

 Provider English Spoken: Y
Cultural Competency: N

RENEE S MILES

 1328 S MISSION RD
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

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

 Spanish

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 *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

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

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

BOOTH, CHRISTOPHER

Provider Gender: Male

License Number: PSY26073


NPI: 1568893162


 *Provider English Spoken: Y*
Cultural Competency: N

CHRISTOPHER R BOOTH

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

BOUTELLE, KERRI

Provider Gender: Male

License Number: PSY21823


NPI: 1780620906


 *Provider English Spoken: Y*
Cultural Competency: N

KERRI N BOUTELLE

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

BOUTELLE, KERRI

Provider Gender: Male

License Number: PSY21823

NPI: 1780620906

 *Provider English Spoken: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄


Cultural Competency: N

KERRI N BOUTELLE

 8950 VILLA LA JOLLA DR
STE C212

LA JOLLA, CA 92037

 Phone: (858) 246-1654

 After Hours Phone: (858)
246-1654

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U


Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM*

BOUTELLE, KERRI

Provider Gender: Male

License Number: PSY21823


NPI: 1780620906

 *Provider English Spoken: Y*

Cultural Competency: N

KERRI N BOUTELLE

 3344 N TORREY PINES CT
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N


 *Accessibility: CONTACT
PROVIDER*

CHESHER, NICHOLAS

Provider Gender: Male

License Number: PSY29290


NPI: 1124539697

 *Provider English Spoken: Y*

Cultural Competency: N


NICHOLAS J CHESHER

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM*

CRANDAL, BRENT

Provider Gender: Male

License Number: PSY26294


NPI: 1588739452

 *Provider English Spoken: Y*
Cultural Competency: N

BRENT R CRANDAL

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

DUARTE, KRISTEN

Provider Gender: Female


License Number: PSY31227


NPI: 1093119364

 *Provider English Spoken: Y*
Cultural Competency: N

KRISTEN L DUARTE

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

EICHEN, DAWN

Provider Gender: Female

License Number: PSY27823


NPI: 1861043366

 Provider English Spoken: Y
Cultural Competency: N

DAWN M EICHEN

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

EICHEN, DAWN

Provider Gender: Female

License Number: PSY27823


NPI: 1861043366

 Provider English Spoken: Y
Cultural Competency: N


DAWN M EICHEN

 8950 VILLA LA JOLLA DR
STE C212

LA JOLLA, CA 92037

 Phone: (858) 246-1654

Fax: (858) 246-3181

 After Hours Phone: (858) 246-1654

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。





I. 心理健康名錄

restriction


American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

ELLEGE, LINDSAY


Provider Gender: Female
License Number: LCS96136
NPI: 1619428828
 Provider English Spoken: Y
Cultural Competency: N
LINDSAY E ELLEGE

 8950 VILLA LA JOLLA DR
STE 101
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
 Website: N/A
Accepting New Patients: Yes

Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction


American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

FINN, DAPHNA



Provider Gender: Female
License Number: A152291
NPI: 1639522725
 Provider English Spoken: Y

Cultural Competency: N

DAPHNA M FINN
 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781


 After Hours Phone: (800)
926-8273
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U





Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

HUEGE, STEVEN



Provider Gender: Male
License Number: C141122
NPI: 1598716367

 Provider English Spoken: Y
Cultural Competency: N
STEVEN F HUEGE

 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
 Website: N/A
Accepting New Patients: Yes


Site English Spoken: Y
TDD: U




Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM



HUEGE, STEVEN

Provider Gender: Male
License Number: C141122
NPI: 1598716367

 Provider English Spoken: Y
Cultural Competency: N
STEVEN F HUEGE

 9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
 Website: N/A
Accepting New Patients: Yes

Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

KHAFAJA, MOHAMAD

Provider Gender: Male

License Number: A115892

NPI: 1780867119

Provider English Spoken: Y

Arabic

Cultural Competency: N

MOHAMAD H KHAFAJA

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

LASSWELL, EVE

Provider Gender: Female

License Number: PSY30220

NPI: 1013483635

Provider English Spoken: Y

Cultural Competency: N

EVE N LASSWELL

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

LEDBETTER, ALEX

Provider Gender: Male

License Number: 20A20454

NPI: 1073017315

Provider English Spoken: Y

Cultural Competency: N

ALEX W LEDBETTER

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

LEE, DAVID

Provider Gender: Male

License Number: A124329

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



I. 心理健康名錄









 *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-CHESHER, TAMARA
Provider Gender: Female
License Number: PSY28678
NPI: 1043441165
 *Provider English Spoken: Y*
Cultural Competency: N
TAMARA R MAGINOT
CHESHER
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 *Phone: (858) 534-7792*
Fax: (619) 471-9017
 *After Hours Phone: (858)*
534-7792
 *Website: N/A*
Accepting New Patients: Yes





Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*



MARTINEZ, STEPHANIE
Provider Gender: Female
License Number: A152787
NPI: 1699126367
 *Provider English Spoken: Y*
 *Spanish*
Cultural Competency: N
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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 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

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄







 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

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

PELHAM, WILLIAM

Provider Gender: Male
License Number: PSY33091
NPI: 1306629399
 Provider English Spoken: Y
Cultural Competency: N
WILLIAM E PELHAM
 8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

QAYOUMI, WALI

Provider Gender: Male
License Number: A168429
NPI: 1093178220
 Provider English Spoken: Y
 French
Cultural Competency: N
WALI Z QAYOUMI
 9350 CAMPUS POINT DR
STE LLB

LA JOLLA, CA 92037
 Phone: (619) 284-3746
Fax: (888) 579-8781
 After Hours Phone: (619) 284-3746
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

SCHNEEBERGER, ANDRES

Provider Gender: Male

License Number: C175502

NPI: 1184867376

Provider English Spoken: Y
Cultural Competency: N

ANDRES R SCHNEEBERGER

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

TARLE, STEPHANIE

Provider Gender: Female

License Number: PSY32155

NPI: 1659920403

Provider English Spoken: Y
Cultural Competency: N

STEPHANIE J TARLE

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

TARVER, LESLIE

Provider Gender: Female

License Number: A169181

NPI: 1811300957

Provider English Spoken: Y
Cultural Competency: N

LESLIE B TARVER

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

WISHNEK, HANNAH

Provider Gender: Female

License Number: LCS105699

NPI: 1578012043

Provider English Spoken: Y
Cultural Competency: N

HANNAH K WISHNEK

8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

ZLATAR, ZVINKA

Provider Gender: Female

License Number: PSY26230

NPI: 1497139059

Provider English Spoken: Y
 Spanish

Cultural Competency: N

ZVINKA Z ZLATAR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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: (360) 462-2744
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 Languages(s) Spoken:
Spanish, Portuguese
TDD: U






Min/Max Age: 18\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 9AM-5PM

LAD, NIKISHA






Provider Gender: Female
License Number: LCS120676
NPI: 1942857107
Provider English Spoken: Y
Cultural Competency: N
NIKISHA J LAD
2400 E 8TH ST
NATIONAL CITY, CA 91950

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 Phone: (619) 662-4100
Fax: (619) 259-2807
 After Hours Phone: (619) 662-4100
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 8AM-5PM
M-F 8AM-5PM



SACHS, MELISSA

Provider Gender: Female
License Number: LCS76968
NPI: 1649760356
 Provider English Spoken: Y
Cultural Competency: N
MELISSA R SACHS
 2400 E 8TH ST
NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
Fax: (619) 259-2807
 After Hours Phone: (619) 662-4100
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender

restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
8:30AM-5:30PM
SA 8AM-2:30PM









SILVEY, CHRISTOPHER

Provider Gender: Male
License Number: LCS85942
NPI: 1932793502
 Provider English Spoken: Y
Cultural Competency: N
CHRISTOPHER J SILVEY
 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
 Phone: (844) 200-2426
Fax: (619) 474-4008
 After Hours Phone: (844) 200-2426
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None




Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

OCEANSIDE

ACOSTA, AZUCENA






Provider Gender: Female
License Number: LCS98304
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

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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄


 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM








ACOSTA, AZUCENA

Provider Gender: Female
License Number: LCS98304
NPI: 1255937496
 Provider English Spoken: Y
 Spanish
Cultural Competency: N
AZUCENA ACOSTA
 818 PIER VIEW WAY
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender









restriction
American Sign Language (ASL): BELL, JENNIFER
N
 Accessibility: CONTACT PROVIDER
 Hours: M-TU 8AM-5PM
W 8AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM

BELL, JENNIFER


Provider Gender: Female
License Number: 20A20702
NPI: 1154614956
 Provider English Spoken: Y
Cultural Competency: N
JENNIFER L BELL

 517 N HORNE ST
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 5\80
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

BELL, JENNIFER








Provider Gender: Female
License Number: 20A20702
NPI: 1154614956
 Provider English Spoken: Y
Cultural Competency: N
JENNIFER L BELL
 818 PIER VIEW WAY
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 5\80
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

BELL, JENNIFER







Provider Gender: Female
License Number: 20A20702
NPI: 1154614956
 Provider English Spoken: Y
Cultural Competency: N
JENNIFER L BELL


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄





 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Language(s) Spoken:
Spanish, Chinese, Farsi
TDD: U
Min/Max Age: 5\80
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

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) 736-6744
 After Hours Phone: (760)
736-6767
 Website: N/A
Accepting New Patients: Yes









Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CHRISTIANSON, WARREN



Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
 Provider English Spoken: Y
 Spanish
Cultural Competency: N
WARREN R CHRISTIANSON II
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-7PM
F 8AM-5PM

SA 9AM-4PM

CHRISTIANSON, WARREN

Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
 Provider English Spoken: Y
 Spanish
Cultural Competency: N
WARREN R CHRISTIANSON II
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 8AM-7PM
F 8AM-5PM
SA 9AM-4PM

CHRISTIANSON, WARREN

Provider Gender: Male
License Number: 20A9664
NPI: 1932359445
 Provider English Spoken: Y
 Spanish

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

Cultural Competency: N

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): Provider Gender: Male

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): Provider Gender: Male

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): Provider Gender: Female

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-TH 8AM-7PM
F 8AM-5PM
SA 9AM-4PM*

CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

 *Provider English Spoken: Y*


 *Spanish*

Cultural Competency: N

WARREN R CHRISTIANSON II


 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-TH 8AM-7PM
F 8AM-5PM
SA 9AM-4PM*

COOK, SHERYL

Provider Gender: Female

License Number: PSY15449

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

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) 736-6744

 After Hours Phone: (760)
736-6767

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 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

 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

CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166





NPI: 1285170662

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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

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

DOUGHERTY, CHRISTINE

Provider Gender: Female
License Number: LCS26686
NPI: 1003194960

 Provider English Spoken: Y
Cultural Competency: N

CHRISTINE A DOUGHERTY

 517 N HORNE ST
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER



DOUGHERTY, CHRISTINE

Provider Gender: Female
License Number: LCS26686
NPI: 1003194960

 Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

 818 PIER VIEW WAY
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A


Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 8AM-4PM


JENSEN, BRIAN

Provider Gender: Male
License Number: PSY26041
NPI: 1518138049

 Provider English Spoken: Y
Cultural Competency: N

BRIAN M JENSEN

 619 CROUCH ST
OCEANSIDE, CA 92054
 Phone: (760) 736-6767
Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: N/A

Accepting New Patients: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

KRAPES, MICHAEL

Provider Gender: Male

License Number: PSY25077

NPI: 1215233028


 Provider English Spoken: Y

Cultural Competency: N

MICHAEL B KRAPES

 2210 MESA DR STE 300

OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

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

MENDEZ, ADRIANA

Provider Gender: Female

License Number: LCS86435

NPI: 1356777361

 Provider English Spoken: Y


 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄


PROVIDER

MEYERHOF, GRETA

Provider Gender: Female


License Number: MFC32299

NPI: 1487196333


 Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

MEYERHOF, GRETA

Provider Gender: Female

License Number: MFC32299

NPI: 1487196333


 Provider English Spoken: Y

Cultural Competency: N


GRETA R MEYERHOF


 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

MEYERHOF, GRETA

Provider Gender: Female

License Number: MFC32299

NPI: 1487196333


 Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

MONTEZ, REBECCA

Provider Gender: Female

License Number: LCS26869

NPI: 1396047809

 Provider English Spoken: Y


 Spanish

Cultural Competency: N

REBECCA MONTEZ

 2210 MESA DR STE 5

OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

NEVILLE, MARGARET

Provider Gender: Female


License Number: LCS82407

NPI: 1073682407

 Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

 517 N HORNE ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

OCEANSIDE, CA 92054
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
📞 After Hours Phone: (760) 631-5000
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER

NEVILLE, MARGARET

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407
☑ Provider English Spoken: Y
Cultural Competency: N
MARGARET R NEVILLE
📍 818 PIER VIEW WAY
OCEANSIDE, CA 92054
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
📞 After Hours Phone: (760) 631-5000
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER

NEVILLE, MARGARET

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407
☑ Provider English Spoken: Y
Cultural Competency: N
MARGARET R NEVILLE
📍 4700 N RIVER RD
OCEANSIDE, CA 92057
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
📞 After Hours Phone: (760) 631-5000
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER

ORTIZ, BEVERLY

Provider Gender: Female
License Number: MFC121355
NPI: 1760826572
☑ Provider English Spoken: Y
Cultural Competency: N
BEVERLY L ORTIZ

📍 2210 MESA DR STE 300
OCEANSIDE, CA 92054
☎ Phone: (760) 736-6767
Fax: (760) 736-6744
📞 After Hours Phone: (760) 736-6767
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER

PATEL, MITESH

Provider Gender: Male
License Number: A181164
NPI: 1568880292
☑ Provider English Spoken: Y
Cultural Competency: N
MITESH K PATEL
📍 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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

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

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

SANCHEZ, ADRIANA

Provider Gender: Female

License Number: LCS97093

NPI: 1609450451

 Provider English Spoken: Y
 Spanish

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 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

SLOAN, CRISTINA

Provider Gender: Female

License Number: MFC137279


NPI: 1912456377

 Provider English Spoken: Y

Cultural Competency: N


CRISTINA I SLOAN

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

SLOAN, CRISTINA

Provider Gender: Female

License Number: MFC137279


NPI: 1912456377

 Provider English Spoken: Y

Cultural Competency: N

CRISTINA I SLOAN

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken: Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SLOAN, CRISTINA

Provider Gender: Female

License Number: MFC137279


NPI: 1912456377

 Provider English Spoken: Y

Cultural Competency: N

CRISTINA I SLOAN

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8AM-5PM*

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 PROVIDER*

SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857


 *Provider English Spoken: Y*

 *Spanish*

Cultural Competency: N

SONYA L SMITH

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*

SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857


 *Provider English Spoken: Y*

 *Spanish*

Cultural Competency: N

SONYA L SMITH

 4700 N RIVER RD
OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

WILSON, CARLENE

Provider Gender: Female


License Number: LCS74685


NPI: 1508327081

 *Provider English Spoken: Y*


Cultural Competency: N

CARLENE WILSON

 4700 N RIVER RD
OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



I. 心理健康名錄

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

GILL, MANPREET


Provider Gender: Male
License Number: A180790
NPI: 1144875535

 Provider English Spoken: Y
Cultural Competency: N


MANPREET GILL

 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

GILL, MANPREET

Provider Gender: Male
License Number: A180790
NPI: 1144875535

 Provider English Spoken: Y
Cultural Competency: N

MANPREET GILL


 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

KULKARNI, NISHAT

Provider Gender: Male
License Number: A187134
NPI: 1669034732


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 *Provider English Spoken: Y*
Cultural Competency: N

NISHAT KULKARNI

 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, Gujarati*

Cultural Competency: N

MAMTA D MODHWADIA

 13010 POWAY RD
POWAY, CA 92064

 *Phone: (858) 218-3000*


Fax: (360) 462-2742

 *After Hours Phone: (858)*
218-3000

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

 *Site Languages(s) Spoken:*
Spanish


TDD: U

Min/Max Age: 16\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

 *Hours: M-F 9AM-5PM*


POSTLETHWAITE,

ALEJANDRA

Provider Gender: Female

License Number: A88938

NPI: 1750566915


 *Provider English Spoken: Y*

 *Spanish*

Cultural Competency: N

ALEJANDRA POSTLETHWAITE

 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

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

 *Provider English Spoken: Y*
 *German, Spanish*

Cultural Competency: N

ANDREA VALLEZ-BARLAM

 13010 POWAY RD
POWAY, CA 92064

 *Phone: (858) 218-3000*


Fax: (858) 633-4688

 *After Hours Phone: (858) 218-3000*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

 *Site Languages(s) Spoken: Spanish*


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

SAN DIEGO

ABERCROMBIE, SHERI

Provider Gender: Female


License Number: PSY18536

NPI: 1932292422

 *Provider English Spoken: Y*
Cultural Competency: N


SHERI ABERCROMBIE

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*


Fax: (858) 633-4680

 *After Hours Phone: (858) 279-0925*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


 *Site Languages(s) Spoken: Spanish*


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM*
SA 8:30AM-4PM

ABERCROMBIE, SHERI

Provider Gender: Female


License Number: PSY18536

NPI: 1932292422

 *Provider English Spoken: Y*
Cultural Competency: N


SHERI ABERCROMBIE

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*


Fax: (858) 633-4680

 *After Hours Phone: (858) 810-8700*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

 *Site Languages(s) Spoken: Spanish*

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

ARONLEE, TRACY

Provider Gender: Female


License Number: LCS83778

NPI: 1619304748


 *Provider English Spoken: Y*
Cultural Competency: N

TRACY S ARONLEE

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

Fax: (858) 633-4680

 *After Hours Phone: (858) 279-0925*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 2\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

ARONLEE, TRACY

Provider Gender: Female

License Number: LCS83778






NPI: 1619304748


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄






 *Provider English Spoken: Y*
Cultural Competency: N
TRACY S ARONLEE
 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
Fax: (858) 633-4680
 *After Hours Phone: (858)*
810-8700
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 2\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER



BANKS, SARAH

Provider Gender: Female
License Number: PSY30296
NPI: 1164701132
 *Provider English Spoken: Y*
Cultural Competency: N
SARAH J BANKS
 6655 ALVARADO RD
SAN DIEGO, CA 92120
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)*
926-8273
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y

TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER

BANKS, SARAH

Provider Gender: Female
License Number: PSY30296
NPI: 1164701132
 *Provider English Spoken: Y*
Cultural Competency: N
SARAH J BANKS
 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*

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*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

BASS, GURGIANA

Provider Gender: Female


License Number: PSY24750


NPI: 1639325277

 Provider English Spoken: Y
Cultural Competency: N

GURGIANA BASS

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4:30PM
TU 8AM-0PM
W 8AM-4:30PM

TH 8AM-0PM

BASS, GURGIANA

Provider Gender: Female


License Number: PSY24750

NPI: 1639325277

 Provider English Spoken: Y
Cultural Competency: N

GURGIANA BASS

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

BREEDLOVE, AMANDA

Provider Gender: Female


License Number: MFC139230

NPI: 1316487119

 Provider English Spoken: Y
Cultural Competency: N

AMANDA A BREEDLOVE

 1666 PRECISION PARK LN
SAN DIEGO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 785-3384

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

BROWN, DARCIE

Provider Gender: Female


License Number: MFC119851

NPI: 1639796071

 Provider English Spoken: Y
Cultural Competency: N

DARCIE D BROWN

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

restriction

American Sign Language (ASL): NPI: 1093350258

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

CALLAGHAN, KATHRYN

Provider Gender: Female


License Number: MFC106901

NPI: 1558768812

 Provider English Spoken: Y
Cultural Competency: N

KATHRYN R CALLAGHAN

 2630 1ST AVE
SAN DIEGO, CA 92103

 Phone: (619) 234-2158


Fax: (619) 234-0206

 After Hours Phone: (619)
234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL): NPI: 1093350258

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

CEBALLOS, JACQUELINE

Provider Gender: Female


License Number: LCS110194

NPI: 1093350258


 Provider English Spoken: Y
Cultural Competency: N

JACQUELINE CEBALLOS

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-9025


Fax: (858) 633-4680

 After Hours Phone: (858)
279-9025

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL): NPI: 1124539697

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

CEBALLOS, JACQUELINE

Provider Gender: Female


License Number: LCS110194

NPI: 1093350258

 Provider English Spoken: Y
Cultural Competency: N

JACQUELINE CEBALLOS

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 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): NPI: 1124539697

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

American Sign Language (ASL): *Cultural Competency: N*
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*


COSMINA S CIOBANU

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 *Phone: (858) 576-1700*

Fax: (858) 966-8164

 *After Hours Phone: (858) 576-1700*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8AM-5PM*

CIOBANU, COSMINA

Provider Gender: Female

License Number: A137628


NPI: 1285049932

 *Provider English Spoken: Y*

Cultural Competency: N

COSMINA S CIOBANU

 8001 FROST ST
SAN DIEGO, CA 92123

 *Phone: (858) 576-1700*

Fax: (858) 966-8164

 *After Hours Phone: (858) 576-1700*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

CIOBANU, COSMINA

Provider Gender: Female

License Number: A137628

NPI: 1285049932


 *Provider English Spoken: Y*


Cultural Competency: N

COSMINA S CIOBANU

 4510 EXECUTIVE DR STE
315

SAN DIEGO, CA 92121

 *Phone: (858) 534-8019*

 *After Hours Phone: (858) 534-8019*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N







 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*





CLEMENT, LUIS





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Provider Gender: Male
License Number: PSY28534
NPI: 1235364712
 *Provider English Spoken: Y*
Cultural Competency: N
LUIS F CLEMENT
 2630 1ST AVE
SAN DIEGO, CA 92103
 *Phone: (619) 234-2158*
Fax: (619) 234-0206
 *After Hours Phone: (619)*
234-2158
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER



CRISOL, CAROLINE

Provider Gender: Female
License Number: MFC88616
NPI: 1962663617
 *Provider English Spoken: Y*
 *Spanish*
Cultural Competency: N
CAROLINE M CRISOL LMFT
INC
 950 S EUCLID AVE
SAN DIEGO, CA 92114
 *Phone: (619) 662-4100*
Fax: (619) 662-4158

 *After Hours Phone: (619)*
662-4100
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
 *Site Languages(s) Spoken:*
Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER

DEACON, CASSIE

Provider Gender: Female
License Number: LCS94105
NPI: 1720452998
 *Provider English Spoken: Y*
Cultural Competency: N
CASSIE C DEACON
 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 279-0925*
Fax: (858) 633-4680
 *After Hours Phone: (858)*
279-0925
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
 *Site Languages(s) Spoken:*
Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender

restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M 8:30AM-5:30PM*
TU 5:30PM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

DEACON, CASSIE

Provider Gender: Female
License Number: LCS94105
NPI: 1720452998
 *Provider English Spoken: Y*
Cultural Competency: N
CASSIE C DEACON
 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
Fax: (858) 633-4680
 *After Hours Phone: (858)*
810-8700
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
 *Site Languages(s) Spoken:*
Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M 8:30AM-5:30PM*
TU 5:30PM-8:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

W-F 8:30AM-5:30PM
SA 9AM-4PM

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) 234-0206

After Hours Phone: (619)
234-2158

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

DOLNAK, DOUGLAS

Provider Gender: Male

License Number: 20A6059

NPI: 1316147085

Provider English Spoken: Y

Cultural Competency: N

DOUGLAS R DOLNAK

10737 CAMINO RUIZ

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (619) 474-4008

After Hours Phone: (844)
200-2426

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM

DOSS, KATIE

Provider Gender: Female

License Number: LCS112693

NPI: 1134825979

Provider English Spoken: Y

Cultural Competency: N

KATIE L DOSS

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

DOSS, KATIE

Provider Gender: Female

License Number: LCS112693

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

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):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

DSOUZA, NICOLE

Provider Gender: Male


License Number: LCS101958

NPI: 1225462799

 Provider English Spoken: Y
Cultural Competency: N


NICOLE A DSOUZA

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

DUNN-PIRIO, ANASTASIE

Provider Gender: Female


License Number: A157861

NPI: 1700177136

 Provider English Spoken: Y
Cultural Competency: N

ANASTASIE M DUNN-PIRIO

 200 W ARBOR DR FL 1
SAN DIEGO, CA 92103

 Phone: (619) 543-3500
Fax: (888) 539-8781

 After Hours Phone: (619)
543-3500

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER



 Hours: M-F 8AM-5PM

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


 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

ESTAVILLO, SAUL

Provider Gender: Male

License Number: MFC102610

NPI: 1528330073

 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

 Spanish

Cultural Competency: N

SAUL J ESTAVILLO

 286 EUCLID AVE STE 309
SAN DIEGO, CA 92114

 Phone: (619) 527-7390


Fax: (619) 527-7394

 After Hours Phone: (619)
527-7390

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site 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

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

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

FORZANI, CHRISTINA

Provider Gender: Female


License Number: PSY25710

NPI: 1902939630

 Provider English Spoken: Y
Cultural Competency: N

CHRISTINA A FORZANI

 4290 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FRANK, GUIDO

Provider Gender: Male


License Number: A86429

NPI: 1578608733

 Provider English Spoken: Y
Cultural Competency: N

GUIDO K FRANK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8145

Fax: (858) 966-8154

 After Hours Phone: (858) 966-8145

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FRY, LIANE

Provider Gender: Female


License Number: MFC42570

NPI: 1003110917

 Provider English Spoken: Y
Cultural Competency: N

LIANE M FRY

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100
Fax: (619) 595-0258

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

GARCIA, RICHARD

Provider Gender: Male


License Number: LCS28742

NPI: 1881198554

 Provider English Spoken: Y
Cultural Competency: N

RICHARD R GARCIA

 2630 1ST AVE
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619) 234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*

GIAMONA, KRISTEN

Provider Gender: Female

License Number: PSY28419


NPI: 1376824383

 *Provider English Spoken: Y*

Cultural Competency: N

KRISTEN M GIAMONA

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

Fax: (858) 633-4680

 *After Hours Phone: (858)*

810-8700

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

GOMEZ, JUANITA

Provider Gender: Female

License Number: PSY27439

NPI: 1790915759


 *Provider English Spoken: Y*

 *Spanish*


Cultural Competency: N

JUANITA GOMEZ

 6030 VILLAGE WAY
SAN DIEGO, CA 92130

 *Phone: (800) 926-8372*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8372*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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
 Spanish


Cultural Competency: N

SILVIA E HERNANDEZ

 3025 BEYER BLVD
SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

JOSHI, YASH

Provider Gender: Male


License Number: A147156


NPI: 1598151433


Provider English Spoken: Y
Cultural Competency: N

YASH B JOSHI

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

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):
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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄






 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: 2\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

KLUEMPER, NICOLE

Provider Gender: Female
License Number: PSY27064
NPI: 1902125818
 Provider English Spoken: Y
Cultural Competency: N



NICOLE S KLUEMPER
 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
Fax: (858) 633-4680
 After Hours Phone: (858)
810-8700
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 2\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
 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 Language(s) Spoken:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 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

 9333 GENESEE AVE STE 200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

LEBENSOHN CHIALVO, FLORENCIA

Provider Gender: Female
License Number: PSY30776
NPI: 1134788730


 Provider English Spoken: Y
Cultural Competency: N


FLORENCIA LEBENSOHN

CHIALVO

 7910 FROST ST STE 350

SAN DIEGO, CA 92123

 Phone: (858) 496-4800

 After Hours Phone: (858) 496-4800

 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

LEDBETTER, ALEX

Provider Gender: Male

License Number: 20A20454

NPI: 1073017315


 Provider English Spoken: Y
Cultural Competency: N

ALEX W LEDBETTER

 6655 ALVARADO RD

SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

- 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): 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
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) 926-8273*
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
- LINKE, SARAH**
Provider Gender: Female
License Number: PSY27116
NPI: 1487026415
 *Provider English Spoken: Y*
Cultural Competency: N
SARAH E LINKE
 9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄


LIU, TIMOTHY

Provider Gender: Male

License Number: A105535

NPI: 1720262801


 Provider English Spoken: Y

 Chinese, Mandarin, Yue Chinese


Cultural Competency: N

TIMOTHY C LIU

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


LIU, TIMOTHY

Provider Gender: Male

License Number: A105535

NPI: 1720262801

 Provider English Spoken: Y


 Chinese, Mandarin, Yue Chinese

Cultural Competency: N

TIMOTHY C LIU

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

LONGARDNER, KATHERINE

Provider Gender: Female

License Number: A137963


NPI: 1801215926

 Provider English Spoken: Y

Cultural Competency: N

KATHERINE M LONGARDNER

 4520 EXECUTIVE DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

MAGINOT-CESHER, TAMARA

Provider Gender: Female

License Number: PSY28678


NPI: 1043441165

 Provider English Spoken: Y

Cultural Competency: N

TAMARA R MAGINOT
CESHER

 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

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 *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) 563-0250*
Fax: (858) 633-4681
 *After Hours Phone: (619)*
563-0250
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*

SA 8AM-2PM

MARTINEZ, STEPHANIE

Provider Gender: Female
License Number: A152787
NPI: 1699126367
 *Provider English Spoken: Y*
 *Spanish*
Cultural Competency: N
STEPHANIE MARTINEZ
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)*
926-8273
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F 8AM-5PM*

MCCULLUM, TIFFANY

Provider Gender: Female
License Number: PSY29329
NPI: 1528306206
 *Provider English Spoken: Y*
Cultural Competency: N
TIFFANY MCCULLUM
 286 EUCLID AVE STE 302

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

SAN DIEGO, CA 92114
☎ Phone: (619) 662-4100
Fax: (619) 428-7952
📞 After Hours Phone: (619) 662-4100
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 13\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM

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 Languages(s) Spoken: Spanish
TDD: U

Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM

MIRON, JEAN-PHILIPPE

Provider Gender: Male
License Number: A186033
NPI: 1952178196
☐ Provider English Spoken: Y
Cultural Competency: N
JEAN-PHILIPPE MIRON

📍 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

NGUYEN, HOANG

Provider Gender: Male
License Number: G83977
NPI: 1720011620
 Provider English Spoken: Y
 Vietnamese
Cultural Competency: N

HOANG A NGUYEN

200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
 Website: N/A
Accepting New Patients: Yes

Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

NING, GRACE

Provider Gender: Female
License Number: PSY27293
NPI: 1598911315
 Provider English Spoken: Y

Chinese, Mandarin
Cultural Competency: N

GRACE J NING

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925
Fax: (858) 633-4680

After Hours Phone: (858) 279-0925

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

NING, GRACE

Provider Gender: Female
License Number: PSY27293
NPI: 1598911315

Provider English Spoken: Y
 Chinese, Mandarin
Cultural Competency: N

GRACE J NING

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700
Fax: (858) 633-4680

After Hours Phone: (858) 810-8700

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

NORMAN, MARC

Provider Gender: Male
License Number: PSY16278
NPI: 1922169101

Provider English Spoken: Y
Cultural Competency: N

MARC A NORMAN

350 DICKINSON ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N








Accessibility: CONTACT PROVIDER





Hours: M-F 8AM-5PM




NORMAN, MARC


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄





Provider Gender: Male
License Number: PSY16278
NPI: 1922169101
 *Provider English Spoken: Y*
Cultural Competency: N
MARC A NORMAN
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (619) 543-2827*
 *After Hours Phone: (619) 543-2827*
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

ORFF, HENRY
Provider Gender: Male
License Number: PSY27099
NPI: 1144685215
 *Provider English Spoken: Y*
Cultural Competency: N
HENRY J ORFF
 4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121
 *Phone: (844) 757-5337*
 *After Hours Phone: (844) 757-5337*

 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

ORTIZ, MARIA
Provider Gender: Female
License Number: PSY30953
NPI: 1497980775
 *Provider English Spoken: Y*
 *Spanish*
Cultural Competency: N
MARIA E ORTIZ
 950 S EUCLID AVE
SAN DIEGO, CA 92114
 *Phone: (619) 662-4100*
Fax: (619) 662-4158
 *After Hours Phone: (619) 662-4100*
 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility: CONTACT*

PROVIDER


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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。




I. 心理健康名錄

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
Fax: (619) 687-1067
 After Hours Phone: (619)
233-8500
 Website: N/A
Accepting New Patients: Yes

Site English Spoken: Y
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 Provider Gender: Female
License Number: PSY28495



American Sign Language (ASL):
NPI: 1821365008

N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-6PM



QAYOUMI, WALI

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 English Spoken: Y
Cultural Competency: N
NATASHA RADOJEVIC

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
Fax: (858) 633-4680


 After Hours Phone: (858)
279-0925
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U



Min/Max Age: 18\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-TU
8:30AM-5:30PM
TH-F 8:30AM-5:30PM

RADOJEVIC, NATASHA

Provider Gender: Female
License Number: PSY28495
NPI: 1821365008

 Provider English Spoken: Y
Cultural Competency: N
NATASHA RADOJEVIC

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

I. 心理健康名錄

Fax: (858) 633-4680

☎ After Hours Phone: (858)
810-8700

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-TU

8:30AM-5:30PM

TH-F 8:30AM-5:30PM

RIBEIRO CALDAS

DOMINGUES, ISABEL

Provider Gender: Female

License Number: A132160

NPI: 1023367216

☑ Provider English Spoken: Y

☑ 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

☑ 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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM SA 8AM-2:30PM


SALO, STEPHANIE

Provider Gender: Female
License Number: PSY26290
NPI: 1477967784


 Provider English Spoken: Y
Cultural Competency: N

STEPHANIE P SALO

 4290 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 563-0250
Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250


 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 17\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM


SAWYER, CAROLYN

Provider Gender: Female
License Number: A149116
NPI: 1043653249

 Provider English Spoken: Y
Cultural Competency: N

CAROLYN M SAWYER

 3665 KEARNY VILLA RD
STE 400
SAN DIEGO, CA 92123

 Phone: (858) 966-5990
Fax: (858) 966-7508

 After Hours Phone: (858) 966-5990

 Website: N/A


Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


SAWYER, CAROLYN

Provider Gender: Female
License Number: A149116
NPI: 1043653249

 Provider English Spoken: Y
Cultural Competency: N

CAROLYN M SAWYER

 7920 FROST ST STE 200
SAN DIEGO, CA 92123

 Phone: (858) 246-0794
Fax: (858) 496-9257

 After Hours Phone: (858) 246-0794

 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM


SAWYER, CAROLYN


Provider Gender: Female
License Number: A149116
NPI: 1043653249

 Provider English Spoken: Y
Cultural Competency: N

CAROLYN M SAWYER

 3030 CHILDRENS WAY FL
4
SAN DIEGO, CA 92123

 Phone: (858) 966-4032
Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313


NPI: 1710234273


 Provider English Spoken: Y
Cultural Competency: N

KRISTON B SCHELLINGER

 9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131

 Phone: (858) 246-1979

 After Hours Phone: (858)
246-1979

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313


NPI: 1710234273


 Provider English Spoken: Y
Cultural Competency: N


KRISTON B SCHELLINGER

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (858) 246-1979

 After Hours Phone: (858)
246-1979

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273


 Provider English Spoken: Y
Cultural Competency: N

KRISTON B SCHELLINGER

 9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SCHLOSSER, TARA

Provider Gender: Female

License Number: MFC107868

NPI: 1407220437


 Provider English Spoken: Y
Cultural Competency: N

TARA S SCHLOSSER

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

SERIO, TAYLOR

Provider Gender: Female


License Number: LCS107050

NPI: 1093217382


 Provider English Spoken: Y
Cultural Competency: N


TAYLOR L SERIO

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

SERIO, TAYLOR

Provider Gender: Female


License Number: LCS107050

NPI: 1093217382

 Provider English Spoken: Y
Cultural Competency: N


TAYLOR L SERIO

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

SHU, I WEI

Provider Gender: Male


License Number: A103813

NPI: 1992840144

 Provider English Spoken: Y
Cultural Competency: N


I WEI SHU

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (858) 534-6200

Fax: (858) 534-6205

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

SILVEY, CHRISTOPHER

Provider Gender: Male

License Number: LCS85942


NPI: 1932793502

 Provider English Spoken: Y
Cultural Competency: N

CHRISTOPHER J SILVEY

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (858) 578-4220

Fax: (858) 578-4417

 After Hours Phone: (858)
578-4220

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

SOLORIO JR, ROBERTO

Provider Gender: Male

License Number: LCS102729





NPI: 1972088185

 Provider English Spoken: Y
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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

 Spanish

Cultural Competency: N

ROBERTO SUAREZ

 3025 BEYER BLVD
SAN DIEGO, CA 92154
 Phone: (619) 662-4100
Fax: (619) 662-4119

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

SWEIGERT, JAMIE

Provider Gender: Female


License Number: LCS112304

NPI: 1396353595

 Provider English Spoken: Y
Cultural Competency: N

JAMIE L SWEIGERT

 2630 1ST AVE
SAN DIEGO, CA 92103

 Phone: (619) 234-2158


Fax: (619) 234-0206

 After Hours Phone: (619)
234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

TARLE, STEPHANIE

Provider Gender: Female


License Number: PSY32155

NPI: 1659920403

 Provider English Spoken: Y
Cultural Competency: N

STEPHANIE J TARLE

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

TILTON, PETER

Provider Gender: Male


License Number: G27781

NPI: 1538258694

 Provider English Spoken: Y
Cultural Competency: N

PETER A TILTON

 2630 1ST AVE
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)
234-2158

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

I. 心理健康名錄

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

TO, TUAN

Provider Gender: Male

License Number: PSY30204

NPI: 1255696183


Provider English Spoken: Y

Vietnamese

Cultural Competency: N

TUAN TO

 4290 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

TO, TUAN

Provider Gender: Male

License Number: PSY30204

NPI: 1255696183


Provider English Spoken: Y

Vietnamese


Cultural Competency: N

TUAN TO

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

TO, TUAN

Provider Gender: Male

License Number: PSY30204

NPI: 1255696183


Provider English Spoken: Y

Vietnamese

Cultural Competency: N

TUAN TO

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

TROYER, EMILY

Provider Gender: Female

License Number: A149101


NPI: 1326484437

Provider English Spoken: Y

Cultural Competency: N

EMILY A TROYER

 4290 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

*American Sign Language (ASL): Provider Gender: Female
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM
SA 8AM-2PM*

TROYER, EMILY

Provider Gender: Female


License Number: A149101

NPI: 1326484437

 *Provider English Spoken: Y
Cultural Competency: N*

EMILY A TROYER

 *4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105*

 *Phone: (619) 280-2058*

Fax: (858) 633-4682

 *After Hours Phone: (619)
280-2058*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


 *Site Languages(s) Spoken:
Spanish*


TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-F 8AM-5PM
SA 8AM-2PM*

TWAMLEY, ELIZABETH


License Number: PSY19150

NPI: 1700089141

 *Provider English Spoken: Y
Cultural Competency: N*

ELIZABETH W TWAMLEY

 *1501 IMPERIAL AVE
SAN DIEGO, CA 92101*

 *Phone: (619) 233-8500*

Fax: (619) 687-1067

 *After Hours Phone: (619)
233-8500*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-W 8:30AM-5PM
TH 8:30AM-9PM
F 8:30AM-5PM*

WEISSMAN, CORY


Provider Gender: Male


License Number: A174625

NPI: 1528720661

 *Provider English Spoken: Y
Cultural Competency: N*

CORY R WEISSMAN

 *16918 DOVE CANYON RD
STE 100
SAN DIEGO, CA 92127*

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM

YAGUDAYEVA, RAISA

Provider Gender: Female
License Number: 20A14848
NPI: 1942555990
Provider English Spoken: Y
Russian
Cultural Competency: N
RAISA YAGUDAYEVA
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

YIDI, DIANA

Provider Gender: Female
License Number: LCS110300
NPI: 1194438663
Provider English Spoken: Y

Spanish
Cultural Competency: N
DIANA L YIDI
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

ZAYAS, MARIO

Provider Gender: Male
License Number: MFC111273
NPI: 1275943557
Provider English Spoken: Y
Spanish
Cultural Competency: N
MARIO E ZAYAS
3025 BEYER BLVD STE E-101
SAN DIEGO, CA 92154
Phone: (619) 662-4100
Fax: (619) 662-4119

After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

restriction

American Sign Language (ASL): License Number: PSY23734

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): License Number: PSY19450

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) 736-6744

 After Hours Phone: (760)
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

ARIELLA, LYNDA

Provider Gender: Female


License Number: PSY19450

NPI: 1073518965

 Provider English Spoken: Y
Cultural Competency: N

LYNDA R ARIELLA

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site 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

CABREJOS, CLAUDIO

Provider Gender: Male

License Number: A71653


NPI: 1033133483

 Provider English Spoken: Y
 Portuguese, Spanish

Cultural Competency: N

CLAUDIO O CABREJOS

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

FLYNN, DANIELLE

Provider Gender: Female


License Number: PSY26184

NPI: 1477785137

 *Provider English Spoken: Y*
Cultural Competency: N

DANIELLE I FLYNN

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

Fax: (760) 736-6744

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

GEORGIEV, MARY-JO

Provider Gender: Female


License Number: PSY17954

NPI: 1518996875

 *Provider English Spoken: Y*
Cultural Competency: N

MARY-JO GEORGIEV

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

Fax: (760) 736-6744

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

IMAM, SYED

Provider Gender: Male

License Number: PSY27695


NPI: 1447428271

 *Provider English Spoken: Y*
 *Hindi, Urdu*

Cultural Competency: N


SYED IMAM

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*


Fax: (760) 736-6744

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

 *Site Language(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) 736-6744

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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) 736-6744

After Hours Phone: (760)
736-6767

Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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
Cantonese
Cultural Competency: N

GARRICK G TONG

150 VALPRED A RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y

Site Language(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) 736-6744

After Hours Phone: (760)
736-6767

Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

SAN YSIDRO

BALTRUS, JUSTINE ANN

Provider Gender: Female

License Number: MFC132018

NPI: 1285040709

Provider English Spoken: Y

Tagalog

Cultural Competency: N

JUSTINE ANN A BALTRUS

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 600-4870

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

CRAWFORD-DAY, ANN

Provider Gender: Female

License Number: A166646

NPI: 1386149706

Provider English Spoken: Y

Spanish

Cultural Competency: N

ANN E CRAWFORD-DAY

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-8PM
SA 8AM-2PM

DEPAOLO, AMANDA

Provider Gender: Female

License Number: LCS99056

NPI: 1215420138

Provider English Spoken: Y

Cultural Competency: N

AMANDA L DEPAOLO

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FONTANA, LOUIS

Provider Gender: Male

License Number: G49072

NPI: 1780734343

Provider English Spoken: Y

Spanish, Spanish

Cultural Competency: N

LOUIS A FONTANA

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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) 600-4870

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

IBANEZ, BERENICE

Provider Gender: Female
License Number: PSY22080
NPI: 1740394386

Provider English Spoken: Y

Spanish

Cultural Competency: N

BERENICE B IBANEZ

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

JAMES, CHRISTINE

Provider Gender: Female

License Number: 20A13931

NPI: 1679834022

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE E JAMES

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

JENNINGS, AMY

Provider Gender: Female

License Number: LCS100075

NPI: 1609549161

Provider English Spoken: Y

Cultural Competency: N

AMY E JENNINGS

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

🕒 *Hours: M-F 8AM-8PM
SA 8AM-2PM*

JIMENEZ, NANCY

Provider Gender: Female

License Number: MFC141209

NPI: 1568023596

🗨️ *Provider English Spoken: Y*

Cultural Competency: N

NANCY JIMENEZ

📍 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

☎️ *Phone: (619) 662-4100*

Fax: (619) 785-3384

🕒 *After Hours Phone: (619)
662-4100*

🌐 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

🗨️ *Site Languages(s) Spoken:
Spanish*

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

♿️ *Accessibility: CONTACT
PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

LOPEZ, MARIBEL

Provider Gender: Female

License Number: LCS86171

NPI: 1669180600

🗨️ *Provider English Spoken: Y*

🗨️ *Spanish*

Cultural Competency: N

MARIBEL, LOPEZ

📍 4004 BEYER BLVD
SAN YSIDRO, CA 92173

☎️ *Phone: (619) 662-4100*

Fax: (619) 205-6305

🕒 *After Hours Phone: (619)
662-4100*

🌐 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

🗨️ *Site Languages(s) Spoken:
Spanish*

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

♿️ *Accessibility: CONTACT
PROVIDER*

🕒 *Hours: M-F 8AM-8PM
SA 8AM-2PM*

PETERSEN, KATE

Provider Gender: Female

License Number: MFC130200

NPI: 1598237281

🗨️ *Provider English Spoken: Y*

Cultural Competency: N

KATE PETERSEN

📍 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

☎️ *Phone: (619) 662-4100*

Fax: (619) 785-3384

🕒 *After Hours Phone: (619)
662-4100*

🌐 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

🗨️ *Site Languages(s) Spoken:
Spanish*

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

♿️ *Accessibility: CONTACT
PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

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*

 *Spanish*

Cultural Competency: N

CINDY PLASCENCIA

 28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

 *Phone: (760) 742-9919*

Fax: (360) 462-2750

 *After Hours Phone: (760)
742-9919*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*


VISTA

ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496


 *Provider English Spoken: Y*

 *Spanish*

Cultural Competency: N

AZUCENA ACOSTA

 1000 VALE TERRACE DR
VISTA, CA 92084

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760)
631-5000*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M-TH 8AM-2PM*

F 8AM-5PM


SA 9AM-6PM

ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496


 *Provider English Spoken: Y*

 *Spanish*

Cultural Competency: N

AZUCENA ACOSTA

 134 GRAPEVINE RD
VISTA, CA 92083

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760)
631-5000*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

 *Hours: M 8AM-5PM*

TU 10:30AM-7:30PM

W-F 8AM-5PM

BELL, JENNIFER

Provider Gender: Female

License Number: 20A20702


NPI: 1154614956

 *Provider English Spoken: Y*

Cultural Competency: N

JENNIFER L BELL

 1000 VALE TERRACE DR
VISTA, CA 92084

 *Phone: (760) 631-5000*


Fax: (760) 414-3892

 *After Hours Phone: (760)
631-5000*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

 *Site Languages(s) Spoken:
Chinese, Farsi, Estonian,
Vietnamese, Hindi,
Tagalog, French, Korean,
Marathi, Spanish, Telugu*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM SA 9AM-4PM

BELL, JENNIFER

Provider Gender: Female


License Number: 20A20702

NPI: 1154614956

 Provider English Spoken: Y
Cultural Competency: N

JENNIFER L BELL

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Chinese, Farsi, Estonian, Vietnamese, Hindi, Tagalog, French, Korean, Marathi, Spanish, Telugu

TDD: U


Min/Max Age: 5\80

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM SA 9AM-4PM

BELL, JENNIFER

Provider Gender: Female


License Number: 20A20702

NPI: 1154614956

 Provider English Spoken: Y
Cultural Competency: N

JENNIFER L BELL

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Lithuanian, Urdu, Chinese, Vietnamese, Farsi, Tagalog, Arabic, Spanish

TDD: U


Min/Max Age: 5\80

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER



 Hours: M-F 8AM-5PM SA 9AM-4PM

CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664


NPI: 1932359445

 Provider English Spoken: Y
 Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER



 Hours: M-TH 8AM-7PM
F 8AM-5PM
SA 9AM-4PM

CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

 Provider English Spoken: Y
 Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

 1000 VALE TERRACE DR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

VISTA, CA 92084
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
🕒 After Hours Phone: (760) 631-5000
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
🗣 Site Languages(s) Spoken: Chinese, Korean, Marathi, French, Estonian, Telugu, Farsi, Vietnamese, Hindi, Spanish, Tagalog
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
🗣 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
🗣 Site Languages(s) Spoken: Chinese, Korean, Marathi, French, Estonian, Telugu, Farsi, Vietnamese, Hindi, Spanish, Tagalog

TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-TH 8AM-7PM
F 8AM-5PM
SA 9AM-4PM




CRUZ, VANESSA
Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
🗣 Provider English Spoken: Y
Cultural Competency: N
VANESSA Y CRUZ
📍 134 GRAPEVINE RD
VISTA, CA 92083
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
🕒 After Hours Phone: (760) 631-5000
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 4\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-TH 9AM-7PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

F 9AM-5PM
SA 9AM-4PM

CRUZ, VANESSA

Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
 Provider English Spoken: Y
Cultural Competency: N
VANESSA Y CRUZ
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Languages(s) Spoken:
Vietnamese, Chinese,
Estonian, Farsi, French,
Hindi, Korean, Marathi,
Spanish, Tagalog, Telugu
TDD: U
Min/Max Age: 4\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TU 8AM-8PM
W 9AM-7PM
TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM








CRUZ, VANESSA

Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
 Provider English Spoken: Y
Cultural Competency: N
VANESSA Y CRUZ
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Languages(s) Spoken:
Vietnamese, Chinese,
Estonian, Farsi, French,
Hindi, Korean, Marathi,
Spanish, Tagalog, Telugu
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TU 8AM-8PM
W 9AM-7PM
TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM





CRUZ, VANESSA

Provider Gender: Female
License Number: LCS87166

NPI: 1285170662

 Provider English Spoken: Y
Cultural Competency: N
VANESSA Y CRUZ
 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

DOUGHERTY, CHRISTINE

Provider Gender: Female
License Number: LCS26686
NPI: 1003194960
 Provider English Spoken: Y
Cultural Competency: N
CHRISTINE A DOUGHERTY
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Languages(s) Spoken:
Chinese, Estonian, Farsi,
French, Hindi, Korean,
Marathi, Spanish, Telugu,
Vietnamese, Tagalog


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 9AM-8PM
F 9AM-5PM
SA 9AM-4PM

DOUGHERTY, CHRISTINE

Provider Gender: Female


License Number: LCS26686

NPI: 1003194960

 Provider English Spoken: Y
Cultural Competency: N

CHRISTINE A DOUGHERTY

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER

MENDEZ, ADRIANA

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361

 Provider English Spoken: Y
 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER

MENDEZ, ADRIANA

Provider Gender: Female


License Number: LCS86435


NPI: 1356777361


 Provider English Spoken: Y
 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-8PM
SA 9AM-4PM

MEYERHOF, GRETA

Provider Gender: Female


License Number: MFC32299

NPI: 1487196333

 Provider English Spoken: Y
Cultural Competency: N

GRETA R MEYERHOF

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000





 Website: N/A



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER



MEYERHOF, GRETA

Provider Gender: Female
License Number: MFC32299
NPI: 1487196333
 Provider English Spoken: Y
Cultural Competency: N
GRETA R MEYERHOF
 134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000





 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

NEVILLE, MARGARET

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407
 Provider English Spoken: Y
Cultural Competency: N
MARGARET R NEVILLE
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000






 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

NEVILLE, MARGARET

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407
 Provider English Spoken: Y
Cultural Competency: N
MARGARET R NEVILLE
 134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000

 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
 Site Language(s) Spoken: Arabic, Chinese, Lithuanian, Farsi, Spanish, Tagalog, Urdu, Vietnamese
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
SA 8AM-4PM

PATEL, MITESH

Provider Gender: Male
License Number: A181164
NPI: 1568880292
 Provider English Spoken: Y
Cultural Competency: N
MITESH K PATEL
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

restriction

American Sign Language (ASL): **SANCHEZ, ADRIANA**

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

 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

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

SLOAN, CRISTINA

Provider Gender: Female


License Number: MFC137279

NPI: 1912456377

 Provider English Spoken: Y
Cultural Competency: N

CRISTINA I SLOAN

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


I. 心理健康名錄

restriction

American Sign Language (ASL): NPI: 1912456377

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SLOAN, CRISTINA

Provider Gender: Female


License Number: MFC137279

NPI: 1912456377

 Provider English Spoken: Y
Cultural Competency: N

CRISTINA I SLOAN

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

SLOAN, CRISTINA

Provider Gender: Female


License Number: MFC137279

NPI: 1912456377

 Provider English Spoken: Y
Cultural Competency: N

CRISTINA I SLOAN

 1000 VALE TERRACE DR
VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

I. 心理健康名錄

 *Accessibility: CONTACT PROVIDER*

WILSON, CARLENE

Provider Gender: Female


License Number: LCS74685

NPI: 1508327081

 *Provider English Spoken: Y*
Cultural Competency: N

CARLENE WILSON

 1000 VALE TERRACE DR
VISTA, CA 92084

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-8PM*

F 8AM-5PM

SA 9AM-4PM

WILSON, CARLENE

Provider Gender: Female


License Number: LCS74685

NPI: 1508327081

 *Provider English Spoken: Y*
Cultural Competency: N

CARLENE WILSON

 134 GRAPEVINE RD
VISTA, CA 92083

 *Phone: (760) 631-5000*

Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

ALPINE

AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)

445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

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):






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。





J. 視力提供者目錄 - 眼科和視力服務



<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p>	<p>W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p> <p>KALBAKJI, NATALY, OD</p> <p>Provider Gender: Female</p> <p>License Number: 34943</p> <p>NPI: 1700556438</p> <p>Provider English Spoken: Y</p> <p> Arabic</p> <p>Cultural Competency: Y</p> <p>WEST COAST EYE CARE</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p>Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>	<p>NPI: 1760473797</p> <p>Provider English Spoken: Y</p> <p> Spanish</p> <p>Cultural Competency: Y</p> <p>WEST COAST EYE CARE</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p>Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>
<p>DYER, SHARON, OD</p> <p>Provider Gender: Female</p> <p>License Number: 33450</p> <p>NPI: 1063866887</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>WEST COAST EYE CARE</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p>Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>	<p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p>Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p>	<p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p>
<p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM</p>	<p>KATZMAN, BARRY, MD</p> <p>Provider Gender: Male</p> <p>License Number: A34834</p>	<p>KHALIL, VADY, OD</p> <p>Provider Gender: Male</p> <p>License Number: 35137</p> <p>NPI: 1275263584</p> <p>Provider English Spoken: Y</p> <p> Arabic</p> <p>Cultural Competency: Y</p> <p>WEST COAST EYE CARE</p> <p> 1620 ALPINE BLVD STE 117</p>





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務







ALPINE, CA 91901
 Phone: (619) 445-2687
 Fax: (619) 445-0801
 After Hours Phone: (619) 445-2687
 Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M 9AM-5PM
 TU 10AM-6PM
 W 9AM-5PM
 TH 8AM-5PM
 F 9AM-4PM

KHIEU, TINA, OD
 Provider Gender: Female
 License Number: 34777
 NPI: 1962031617
 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish
Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)
445-2687

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 9AM-5PM
TU 10AM-6PM
W 9AM-5PM
TH 8AM-5PM
F 9AM-4PM

PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish
Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)
445-2687

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 9AM-5PM
TU 10AM-6PM
W 9AM-5PM
TH 8AM-5PM
F 9AM-4PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-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

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

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

ZAIDI, NOORINA, OD

Provider Gender: Female


License Number: 35615


NPI: 1023477262

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

BONITA

CHA, DANIEL, OD

Provider Gender: Male

License Number: 14779






NPI: 1386078020

Provider English Spoken: Y


 Spanish





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


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
 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

- 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-TU 9AM-6PM
 W 11AM-6PM
 TH-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
 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: M 9AM-5PM
 TU 9AM-6PM
 W 9AM-5PM
 TH 9AM-6PM
 F 8AM-4PM
 SA 9AM-2PM
- CHAN, KWOK FUNG, OD**
 Provider Gender: Male
 License Number: 35087
 NPI: 1407508385
 Provider English Spoken: Y
 Cultural Competency: Y
 VILLA OPTOMETRY INC
 523 TELEGRAPH CANYON RD
 CHULA VISTA, CA 91910
 Phone: (619) 482-2020
 Fax: (619) 482-2671
 After Hours Phone: (619) 482-2020
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
- 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: SU 10AM-4PM
 M-F 9AM-7PM
 SA 9AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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
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

CLEAR VISION OPTOMETRY

DR MASCARENO

 440 4TH AVE


CHULA VISTA, CA 91910

 *Phone: (619) 427-2020*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

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

NGUYEN, THERESA, OD

Provider Gender: Female


License Number: 35530TLG

NPI: 1609555713


Provider English Spoken: Y

Cultural Competency: Y

OTAY RANCH EYEWORKS
OPTOMETRY

 1741 EASTLAKE PKWY STE 101

CHULA VISTA, CA 91915

 Phone: (619) 421-6600

Fax: (619) 421-6006

 After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

PHAM, NINA, OD

Provider Gender: Female

License Number: 35360

NPI: 1598403867

Provider English Spoken: Y

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE

MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: French, Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM

PLUCINIK, STANLEY, OD

Provider Gender: Male

License Number: 35255

NPI: 1124751417

Provider English Spoken: Y

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE

MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: French, Spanish, Tagalog

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): 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

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務




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
 523 TELEGRAPH CANYON RD
 CHULA VISTA, CA 91910
 Phone: (619) 482-2020
 Fax: (619) 482-2671
 After Hours Phone: (619) 482-2020
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER


Public transportation (within 1/2 mile from Site): 1T
 Hours: M-TU 9AM-6PM
 W 11AM-6PM
 TH-F 9AM-6PM

CORONADO

COCKERHAM, KIMBERLY, MD

Provider Gender: Female
 License Number: G86885
 NPI: 1366493629
 Provider English Spoken: Y
 Cultural Competency: Y
 ALVARADO EYE ASSOCIATES MED CLINIC INC

 801 ORANGE AVE STE 204
 CORONADO, CA 92118

 Phone: (619) 437-4406
 Fax: (619) 522-7983

 After Hours Phone: (619) 437-4406


Accepting New Patients: Yes

Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-4:30PM
 TU 9AM-3PM
 W-TH 9AM-4:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

GRAY, IGA, MD

Provider Gender: Female
License Number: A174875
NPI: 1033538350
Provider English Spoken: Y
Cultural Competency: Y

ALVARADO EYE ASSOCIATES MED CLINIC INC

801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619)
437-4406

Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
Hours: M 9AM-4:30PM
TU 9AM-3PM
W-TH 9AM-4:30PM

KATZMAN, LEE, MD

Provider Gender: Male
License Number: A135673
NPI: 1912297284
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES

MED CLINIC INC

801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619)
437-4406

Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 9AM-4:30PM
TU 9AM-3PM
W-TH 9AM-4:30PM

YOUNG, ALLA, OD

Provider Gender: Female

License Number: 34191

NPI: 1285085142

Provider English Spoken: Y

🗳 Russian

Cultural Competency: Y

ALVARADO EYE ASSOCIATES
MED CLINIC INC

📍 801 ORANGE AVE STE 204
CORONADO, CA 92118

☎ Phone: (619) 437-4406

Fax: (619) 522-7983

🕒 After Hours Phone: (619)
437-4406

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 9AM-4:30PM
TU 9AM-3PM
W-TH 9AM-4:30PM

EL CAJON

AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

🗳 Spanish, Vietnamese

Cultural Competency: Y

RETINA INSTITUTE OF
CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

🕒 After Hours Phone: (619)
440-5400

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

ASIS, STEPHANIE, OD

Provider Gender: Female

License Number: 34013

NPI: 1902383540

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

🕒 After Hours Phone: (619)
440-5400

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF
CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

🕒 After Hours Phone: (619)
440-5400

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M-F 8:30AM-6PM*

BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698


NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200
EL CAJON, CA 92020

 *Phone: (619) 440-5400*

Fax: (619) 440-0239

 *After Hours Phone: (619) 440-5400*

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M-F 8:30AM-6PM*

BUTLER, KIM, OD

Provider Gender: Male

License Number: 6405


NPI: 1467444844

Provider English Spoken: Y


Cultural Competency: Y

KIM J BUTLER OD

 1273 BROADWAY
EL CAJON, CA 92021

 *Phone: (619) 579-2345*

Fax: (619) 579-0876

 *After Hours Phone: (619) 579-2345*

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M-F 9AM-5PM
SA 9AM-12AM*

CHAN, KWOK FUNG, OD

Provider Gender: Male

License Number: 35087


NPI: 1407508385

Provider English Spoken: Y

Cultural Competency: Y

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155
EL CAJON, CA 92019

 *Phone: (619) 670-6296*

Fax: (619) 670-8852

 *After Hours Phone: (619) 670-6296*

Accepting New Patients: Yes


Site English Spoken: Y

Site Language(s) Spoken: Italian, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M 9AM-5PM
TU 10AM-5PM
W-TH 9AM-5PM
F 8AM-2PM*

DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955


NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200
EL CAJON, CA 92020

 *Phone: (619) 440-5400*

Fax: (619) 440-0239

 *After Hours Phone: (619) 440-5400*

Accepting New Patients: Yes

Site English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 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

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


Gender Restriction: No Gender restriction

*American Sign Language (ASL): Provider Gender: Male
License Number: 35137*

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): Provider Gender: Female
License Number: 34777*

N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M-F 8:30AM-6PM*

KHALIL, VADY, OD

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

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M-F 8:30AM-6PM*

MCMURREN, BRITTANY, OD

Provider Gender: Female

License Number: 14824


NPI: 1104243815

Provider English Spoken: Y

Cultural Competency: Y

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155
EL CAJON, CA 92019


 *Phone: (619) 670-6296*

Fax: (619) 670-8852

 *After Hours Phone: (619) 670-6296*

Accepting New Patients: Yes

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Italian, Spanish*

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: 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

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Accepting New Patients: Yes


 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): IT

 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): IT

 Hours: M-F 8:30AM-6PM

TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990


NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes


 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): IT

 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): IT

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。




J. 視力提供者目錄 - 眼科和視力服務


Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 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 Languages(s) Spoken: Italian, Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within


1/2 mile from Site): 1T
 Hours: M 9AM-5PM
 TU 10AM-5PM
 W-TH 9AM-5PM
 F 8AM-2PM


WERNER, REX, OD

Provider Gender: Male
 License Number: 9378
 NPI: 1891760716
 Provider English Spoken: Y
 Italian, Spanish
 Cultural Competency: Y
 WERNER OPTOMETRY

 2650 JAMACHA RD STE 155 EL CAJON, CA 92019
 Phone: (619) 670-6296
 Fax: (619) 670-8852
 After Hours Phone: (619) 670-6296

Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Italian, Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM
 TU 10AM-5PM
 W-TH 9AM-5PM
 F 8AM-2PM

ZAIDI, NOORINA, OD

Provider Gender: Female
 License Number: 35615
 NPI: 1023477262
 Provider English Spoken: Y
 Cultural Competency: Y



RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020
 Phone: (619) 440-5400
 Fax: (619) 440-0239
 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 8:30AM-6PM

ZHAO, TAILUN, MD

Provider Gender: Male
 License Number: C186414
 NPI: 1952659203



Provider English Spoken: Y
 Cultural Competency: Y



RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






J. 視力提供者目錄 - 眼科和視力服務

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):
 AOTO, KIM, OD
 Provider Gender: Female
 License Number: 14524
 NPI: 1780935650
 Provider English Spoken: Y
 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

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


BANSAL, PREETI, MD

Provider Gender: Female
 License Number: A90890
 NPI: 1871664631
 Provider English Spoken: Y
 Spanish
 Cultural Competency: Y
 RADY CHILDRENS HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


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
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
Cultural Competency: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

ACUITY EYE GROUP

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

FISH, STEVEN, MD

Provider Gender: Male

License Number: A164497

NPI: 1760877120

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

HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


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

 Hours: M-F 8AM-5PM

KHIEU, TINA, OD

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

License Number: 34777
 NPI: 1962031617
 Provider English Spoken: Y
 Cultural Competency: Y
 ACUITY EYE GROUP
 320 SANTA FE DR STE 104
 ENCINITAS, CA 92024
 Phone: (760) 943-7141
 Fax: (760) 943-0371
 After Hours Phone: (760) 943-7141
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 8AM-5PM

LEE, JASON, OD

Provider Gender: Male
 License Number: 14881
 NPI: 1679985584
 Provider English Spoken: Y
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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
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 Language(s) Spoken:
Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

O HALLORAN, HENRY, MD

Provider Gender: Male
License Number: A73282
NPI: 1235287947
Provider English Spoken: Y
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 Language(s) Spoken:
Spanish

Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

PROVIDER
Public transportation (within
1/2 mile from Site): 1T
🕒 Hours: M-F 8AM-5PM

TON-NU, MY LINH, OD

Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP

📍 320 SANTA FE DR STE 104
ENCINITAS, CA 92024
☎ Phone: (760) 943-7141
Fax: (760) 943-0371
🕒 After Hours Phone: (760)
943-7141

Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken:
Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T
🕒 Hours: M-F 8AM-5PM

VINH, JOHN, OD

Provider Gender: Male
License Number: 14177
NPI: 1003102724

Provider English Spoken: Y
Cultural Competency: Y

ACUITY EYE GROUP
📍 320 SANTA FE DR STE 104
ENCINITAS, CA 92024
☎ Phone: (760) 943-7141
Fax: (760) 943-0371

🕒 After Hours Phone: (760)
943-7141
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T
🕒 Hours: M-F 8AM-5PM

VIVIRITO, MARY, OD

Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y

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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務




N

 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1T
 *Hours: M-F 8AM-5PM*

ZVANUT, DONALD, OD



Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104
 ENCINITAS, CA 92024
 *Phone: (760) 943-7141*
Fax: (760) 943-0371
 *After Hours Phone: (760) 943-7141*
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1T
 *Hours: M-F 8AM-5PM*



ESCONDIDO

ADAMS, MONA, OD

Provider Gender: Female
License Number: 14457
NPI: 1942564521
Provider English Spoken: Y
Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY
 STE 200
 ESCONDIDO, CA 92029
 *Phone: (760) 755-7600*
Fax: (760) 755-7699

 *After Hours Phone: (760) 755-7600*

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Public transportation (within 1/2 mile from Site): 1T


 *Hours: M-F 8:30AM-4:30PM*


ASIS, STEPHANIE, OD

Provider Gender: Female
License Number: 34013
NPI: 1902383540
Provider English Spoken: Y
Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY
 STE 200
 ESCONDIDO, CA 92026

 *Phone: (760) 743-5872*
Fax: (760) 743-5879

 *After Hours Phone: (760) 743-5872*

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M-F 8AM-5PM*

BANSAL, PREETI, MD

Provider Gender: Female
License Number: A90890
NPI: 1871664631


Provider English Spoken: Y


Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY
 STE 200
 ESCONDIDO, CA 92029

 *Phone: (760) 755-7600*
Fax: (760) 755-7699

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

☎ *After Hours Phone: (760) 755-7600*

Accepting New Patients: Yes

☑ *Site English Spoken: Y*

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

🕒 *Hours: M-F 8:30AM-4:30PM*

BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

☎ *Phone: (760) 743-5872*

Fax: (760) 743-5879

☎ *After Hours Phone: (760) 743-5872*

Accepting New Patients: Yes

☑ *Site English Spoken: Y*

☑ *Site Languages(s) Spoken: Spanish*

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): BERGMARK, JAMIE, OD

N

♿ *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

🕒 *Hours: M-F 8AM-5PM*

BEAUDRY, AMANDA, OD

Provider Gender: Female

License Number: 33385

NPI: 1477903516

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

☎ *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*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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 Languages(s) Spoken:
Spanish


Min/Max Age: 0\None

Gender Restriction: No 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

ACUITY EYE GROUP

 700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026

 Phone: (760) 743-5872
Fax: (760) 743-5879

 After Hours Phone: (760)
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

CHAU, VIVIAN, OD

Provider Gender: Female

License Number: 35427

NPI: 1558052951

Provider English Spoken: Y


Chinese

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872
Fax: (760) 743-5879

 After Hours Phone: (760)
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

FISH, STEVEN, MD

Provider Gender: Male

License Number: A164497

NPI: 1760877120

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

PROVIDER
Public transportation (within 1/2 mile from Site): 1T
🕒 Hours: M-F 8AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M-F 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

☎ *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*

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

8:30AM-4:30PM

O HALLORAN, HENRY, MD

Provider Gender: Male

License Number: A73282

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, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

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) 888-2181

 After Hours Phone: (760) 738-9931

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9:30AM-5PM TH 10AM-6PM F 9:30AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

☎ 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

NPI: 1952659203

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)

743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

FALLBROOK

ARCHIBALD, JOHN, OD

Provider Gender: Male

License Number: 11813

NPI: 1902893357

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

521 E ELDER ST STE 102
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

COLEMAN, BROOKE, OD

Provider Gender: Female

License Number: 13551

NPI: 1700040748

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

521 E ELDER ST STE 102

FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760) 728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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-W 9AM-6PM
TH-F 9AM-5PM
SA 9AM-1PM*

GEORGE, BRUCE, OD

Provider Gender: Male
License Number: 7696
NPI: 1356414551

Provider English Spoken: Y

Korean, Spanish
Cultural Competency: Y
BRUCE D GEORGE OD
 1102 S MAIN AVE
 FALLBROOK, CA 92028
 Phone: (760) 723-8417
Fax: (760) 758-2063
 After Hours Phone: (760) 723-8417
Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 *Hours: M 1PM-5PM
TU-W 9AM-6PM
TH-F 9AM-5PM
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 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 Language(s) Spoken: Spanish*

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):


N

 *Accessibility: CONTACT*

PROVIDER

Public transportation (within

1/2 mile from Site): 1U

 *Hours: M-F 9AM-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 Language(s) Spoken: Spanish*

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1U

 *Hours: M-F 9AM-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 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*

CHIU, STEPHAN, MD

Provider Gender: Male

License Number: A172634

NPI: 1053846956

Provider English Spoken: Y

Cultural Competency: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

CODEN, DANIEL, MD

Provider Gender: Male

License Number: G57587

NPI: 1942317508

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

License Number: 14527
NPI: 1396009478
Provider English Spoken: Y
Cultural Competency: Y
PERLMAN
OPHTHALMOLOGY-UCSD
📍 9350 CAMPUS POINT DR
STE 1B
LA JOLLA, CA 92037
☎ Phone: (858) 534-6290
Fax: (858) 732-0921
🕒 After Hours Phone: (858)
534-6290
Accepting New Patients: Yes
📄 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1T
🕒 Hours: M-F 8AM-4:30PM

HO, AMIEE, OD

Provider Gender: Female
License Number: 14527
NPI: 1396009478
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
📍 9415 CAMPUS POINT DR
LA JOLLA, CA 92093
☎ Phone: (858) 534-6290
Fax: (858) 732-0921

🕒 After Hours Phone: (858)
534-6290
Accepting New Patients: Yes
📄 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
🕒 Hours: M-F 8AM-4:30PM
SA 8AM-2PM

HOO, PAMELA, OD

Provider Gender: Female
License Number: 11033
NPI: 1275566010
Provider English Spoken: Y
📄 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y

French

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y

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

JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

SA 8AM-2PM

JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

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

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):



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

- N**
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M-F 8AM-4:30PM*
- 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
- KIM, PHILIP, OD**
Provider Gender: Male
License Number: 33893
- NPI: 1376929034*
Provider English Spoken: Y
Cultural Competency: Y
 PERLMAN
 OPTHALMOLOGY-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
- KULISCHAK, JOHN, OD**
Provider Gender: Male
License Number: 9279
NPI: 1740205236
Provider English Spoken: Y
Cultural Competency: Y
 PERLMAN
 OPTHALMOLOGY-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
- 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
- KULISCHAK, JOHN, OD**
Provider Gender: Male
License Number: 9279
NPI: 1740205236
Provider English Spoken: Y
Cultural Competency: Y
 PERLMAN
 OPTHALMOLOGY-UCSD
 9350 CAMPUS POINT DR
 STE 1B
 LA JOLLA, CA 92037
 *Phone: (858) 534-6290*
Fax: (858) 732-0921
 *After Hours Phone: (858) 534-6290*
Accepting New Patients: Yes
 *Site English Spoken: Y*
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



J. 視力提供者目錄 - 眼科和視力服務

 **Accessibility: CONTACT PROVIDER**
 Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-F 8AM-4:30PM**

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**

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M-F 8AM-4:30PM*



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*
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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

PROVIDER
Public transportation (within 1/2 mile from Site): 1U
🕒 Hours: M-F 8AM-4:30PM
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
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



J. 視力提供者目錄 - 眼科和視力服務

<p> <i>Site Languages(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction</p>	<p><i>PROVIDER</i> <i>Public transportation (within 1/2 mile from Site):</i> 1U  <i>Hours:</i> M-F 8AM-4:30PM</p>	<p><i>License Number:</i> 14177 <i>NPI:</i> 1003102724 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y</p>
<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U  <i>Hours:</i> M-F 8AM-4:30PM</p>	<p>TONNU, ANH, OD <i>Provider Gender:</i> Female <i>License Number:</i> 11318 <i>NPI:</i> 1679521280 <i>Provider English Spoken:</i> Y  <i>Vietnamese</i> <i>Cultural Competency:</i> Y</p>	<p>ACUITY EYE GROUP  9850 GENESEE AVE STE 310 LA JOLLA, CA 92037  <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028  <i>After Hours Phone:</i> (858) 457-3010 <i>Accepting New Patients:</i> Yes</p>
<p>TON-NU, MY LINH, OD <i>Provider Gender:</i> Female <i>License Number:</i> 34990 <i>NPI:</i> 1245733476 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y</p>	<p>ACUITY EYE GROUP  9850 GENESEE AVE STE 310 LA JOLLA, CA 92037  <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028  <i>After Hours Phone:</i> (858) 457-3010 <i>Accepting New Patients:</i> Yes</p>	<p> <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N</p>
<p> 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037  <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028  <i>After Hours Phone:</i> (858) 457-3010 <i>Accepting New Patients:</i> Yes</p>	<p> <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N</p>	<p> <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U  <i>Hours:</i> M-F 8AM-4:30PM</p>
<p> <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N</p>	<p> <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U  <i>Hours:</i> M-F 8AM-4:30PM</p>	<p>VIVIRITO, MARY, OD <i>Provider Gender:</i> Female <i>License Number:</i> 33798 <i>NPI:</i> 1477968667 <i>Provider English Spoken:</i> Y  <i>Spanish</i> <i>Cultural Competency:</i> Y</p>
<p> <i>Accessibility:</i> CONTACT</p>	<p>VINH, JOHN, OD <i>Provider Gender:</i> Male</p>	<p>ACUITY EYE GROUP  9850 GENESEE AVE STE 310</p>



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



J. 視力提供者目錄 - 眼科和視力服務

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
 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

YU, CAROL, OD

Provider Gender: Female
 License Number: 34047
 NPI: 1639697451
 Provider English Spoken: Y
 Spanish, Chinese

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

ZAI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

NPI: 1952659203

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

LA MESA

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

BUI, TINA, OD

Provider Gender: Female

License Number: 33435

NPI: 1497107312


Provider English Spoken: Y

 Vietnamese Cultural Competency: Y


BUITIQUE OPTOMETRY

 5020 BALTIMORE DR STE B

LA MESA, CA 91942

 Phone: (619) 464-8303

Fax: (619) 464-4971

 After Hours Phone: (619) 464-8303

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Vietnamese

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): 1T

Hours: M-F 9AM-5PM
SA 9AM-2PM

CAUCHI, CAROLINE

GUERRERO, OD

Provider Gender: Female

License Number: 6882

NPI: 1831268903

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VISION SOLUTIONS

OPTOMETRY

8235 UNIVERSITY AVE
LA MESA, CA 91942

Phone: (619) 461-4913

Fax: (888) 509-6483

After Hours Phone: (619) 461-4913

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 9AM-5:30PM
W 8AM-5PM
TH 9AM-6PM
F 8AM-1PM

CHANG, TOM, MD

Provider Gender: Male

License Number: A69909

NPI: 1609848969

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

CHEW, WESLEY, OD

Provider Gender: Male

License Number: 14901

NPI: 1952714446

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

License Number: A172634
NPI: 1053846956
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
📍 5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
☎ Phone: (619) 465-2020
Fax: (619) 698-1189
🕒 After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
📄 Site English Spoken: Y
📄 Site Language(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
🕒 Hours: M-F 8AM-5PM

COCKERHAM, KIMBERLY, MD

Provider Gender: Female
License Number: G86885
NPI: 1366493629
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
📍 7877 PARKWAY DR STE 100

LA MESA, CA 91942
☎ Phone: (619) 460-3711
Fax: (619) 460-2184
🕒 After Hours Phone: (619) 460-3711
Accepting New Patients: Yes
📄 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
🕒 Hours: M-F 8:30AM-4:30PM

CONRAD, RANDALL, OD

Provider Gender: Male
License Number: 6423
NPI: 1962617464
Provider English Spoken: Y
📄 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 Language(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y


Cultural Competency: Y

EYE ASSOCIATES OF SAN

DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

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:


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務






Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M-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

GRAY, IGA, MD

Provider Gender: Female
 License Number: A174875
 NPI: 1033538350
 Provider English Spoken: Y
 Cultural Competency: Y
 ALVARADO EYE ASSOCIATES MED CLINIC INC
 7877 PARKWAY DR STE 100
 LA MESA, CA 91942
 Phone: (619) 460-3711
 Fax: (619) 460-2184
 After Hours Phone: (619) 460-3711
 Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 8:30AM-4:30PM
HAIGHT, BRUCE, MD
 Provider Gender: Male
 License Number: G41117
 NPI: 1427029628

Provider English Spoken: Y
 Cultural Competency: Y
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
 5565 GROSSMONT CENTER DR # 551
 LA MESA, CA 91942
 Phone: (619) 465-2020
 Fax: (619) 698-1189
 After Hours Phone: (619) 465-2020
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 8AM-5PM

HAIGHT, BRUCE, MD

Provider Gender: Male
 License Number: G41117
 NPI: 1427029628
 Provider English Spoken: Y
 Cultural Competency: Y
 ACUITY EYE GROUP
 7339 EL CAJON BLVD STE J
 LA MESA, CA 91942
 Phone: (619) 722-8460

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

HAN, SULKI, OD

Provider Gender: Female

License Number: 34171

NPI: 1750802195

Provider English Spoken: Y

☐ Korean

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site 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

HIXSON, THOMAS, OD

Provider Gender: Male

License Number: 7490

NPI: 1528072683

Provider English Spoken: Y

Cultural Competency: Y

LA MESA VISION CARE

📍 8007 LA MESA BLVD LA MESA, CA 91942

☎ Phone: (619) 466-5665

Fax: (619) 466-5688

☎ After Hours Phone: (619) 466-5665

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 8AM-4PM

TU 9AM-6PM

W 8AM-4PM

TH 9AM-6PM

F 9AM-5PM

SA 8AM-1PM

HSU, CHRISTOPHER, MD

Provider Gender: Male

License Number: A65973

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

NPI: 1336167618

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

HUNG, JANICE, OD

Provider Gender: Female

License Number: 34296

NPI: 1750917936

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

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

KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

🗣️ Arabic

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

📞 Phone: (619) 465-2020

Fax: (619) 698-1189

🕒 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

🗣️ Site English Spoken: Y

🗣️ Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

KATZMAN, LEE, MD

Provider Gender: Male

License Number: A135673

NPI: 1912297284

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES MED CLINIC INC

📍 7877 PARKWAY DR STE 100 LA MESA, CA 91942

📞 Phone: (619) 460-3711

Fax: (619) 460-2184

🕒 After Hours Phone: (619) 460-3711

Accepting New Patients: Yes

🗣️ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8:30AM-4:30PM

KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

🗣️ Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

📞 Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

🗣️ Site English Spoken: Y

🗣️ Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y


 Arabic

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y


 Arabic

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617


Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y


ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

LEE, SALLY, DO

Provider Gender: Female

License Number: 20A8088

NPI: 1457468514

Provider English Spoken: Y

Spanish, Chinese


Cultural Competency: Y

SAN DIEGO EYE

PROFESSIONALS

 8291 LA MESA BLVD

LA MESA, CA 91942

 Phone: (619) 583-4295

Fax: (619) 393-1133

 After Hours Phone: (619) 583-4295

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

German, Spanish, Chinese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: TU-F 9AM-5PM SA 9AM-5PM

LEVY, PHILLIP, OD

Provider Gender: Male

License Number: 4884

NPI: 1528189115


Provider English Spoken: Y

Cultural Competency: Y


BUIRIQUE OPTOMETRY

 5020 BALTIMORE DR STE B

LA MESA, CA 91942

 Phone: (619) 464-8303

Fax: (619) 464-4971

 After Hours Phone: (619) 464-8303

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 9AM-5PM SA 9AM-2PM

MANNEN, JOSEPH, OD

Provider Gender: Male


License Number: 33650


NPI: 1851827034

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES MED CLINIC INC

 7877 PARKWAY DR STE 100 LA MESA, CA 91942

 Phone: (619) 460-3711

Fax: (619) 460-2184

 After Hours Phone: (619) 460-3711

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8:30AM-4:30PM

MARR, RYAN, OD

Provider Gender: Male

License Number: 35302

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

MERALI, MURTAZA, OD

Provider Gender: Female

License Number: 14558

NPI: 1972944189

Provider English Spoken: Y

🗨️ Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

📞 Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

🗨️ Site English Spoken: Y

🗨️ Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

🗨️ Indonesian, Spanish Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

📞 Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

🗨️ Site English Spoken: Y

🗨️ Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 8AM-5PM

OU, JOCELYN, OD

Provider Gender: Female
 License Number: 34063
 NPI: 1225518996
 Provider English Spoken: Y
 Cultural Competency: Y
 ALVARADO EYE ASSOCIATES
 MED CLINIC INC

7877 PARKWAY DR STE 100
 LA MESA, CA 91942
 Phone: (619) 460-3711
 Fax: (619) 460-2184
 After Hours Phone: (619) 460-3711

Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 8:30AM-4:30PM

PANDYA, BHUMIKA, OD

Provider Gender: Female
 License Number: 35025
 NPI: 1063182822
 Provider English Spoken: Y
 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, 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



J. 視力提供者目錄 - 眼科和視力服務

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
 Site English Spoken: Y

Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-TU 9AM-5:30PM
 W 8AM-5PM
 TH 9AM-6PM
 F 8AM-1PM

PRABHU, SUJATA, MD
 Provider Gender: Female
 License Number: A115965
 NPI: 1982872552
 Provider English Spoken: Y
 Spanish
 Cultural Competency: Y
 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

PRABHU, SUJATA, MD
 Provider Gender: Female
 License Number: A115965
 NPI: 1982872552
 Provider English Spoken: Y
 Spanish
 Cultural Competency: Y
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
 5565 GROSSMONT CENTER DR # 551
 LA MESA, CA 91942
 Phone: (619) 465-2020
 Fax: (619) 698-1189
 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

🕒 Hours: M-F 8AM-5PM

QUACH, PHUC, OD

Provider Gender: Male

License Number: 12891

NPI: 1770617805

Provider English Spoken: Y

🗪 Site 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

SAMUEL, MICHAEL, MD

Provider Gender: Male

License Number: A83237

NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942

📞 Phone: (619) 465-2020

Fax: (619) 698-1189

🕒 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

🗪 Site English Spoken: Y

🗪 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

SCOTT, JEFFREY, OD

Provider Gender: Male

License Number: 34978

NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

📞 Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

🗪 Site English Spoken: Y

🗪 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

TILLMAN, SYLVIA, OD

Provider Gender: Female

License Number: 9726

NPI: 1174730824

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

📞 Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

🗪 Site English Spoken: Y

🗪 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL): **TON-NU, MY LINH, OD**

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

 *Hours: M-F 8AM-5PM*

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)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

722-8460
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 8AM-5PM

TSUI, NANCY, OD

Provider Gender: Female
 License Number: 33944
 NPI: 1841785037
 Provider English Spoken: Y
 Cultural Competency: Y
 ACUITY EYE GROUP

7339 EL CAJON BLVD STE J
 LA MESA, CA 91942
 Phone: (619) 722-8460
 Fax: (619) 722-8465
 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 8AM-5PM

TU, BEVERLY, OD

Provider Gender: Female
 License Number: 34108
 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
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

 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

ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615


NPI: 1023477262

Provider English Spoken: Y


Cultural Competency: Y

EYE ASSOCIATES OF SAN
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT
CENTER DR # 551
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)
465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

ZAIDI, NOORINA, OD

Provider Gender: Female


License Number: 35615


NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE
J
LA MESA, CA 91942

 Phone: (619) 722-8460


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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642


NPI: 1336211804

Provider English Spoken: Y


Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM
F 9AM-4PM

NATIONAL CITY

AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

 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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950

Phone: (619) 470-2700
Fax: (619) 267-8221

After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

FISH, STEVEN, MD

Provider Gender: Male

License Number: A164497

NPI: 1760877120

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Phone: (619) 472-1010
Fax: (619) 479-5233

After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM
W 8:30AM-5PM

TH 8AM-6PM

F 8AM-5PM

GOLLOGLY, HEIDRUN, MD

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-5PM

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 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

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

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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

- N**
 **Accessibility: CONTACT PROVIDER**
 Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-TU 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 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: M-F 8AM-4:30PM**
- KEDDINGTON, JOAN, OD**
 Provider Gender: Female
 License Number: 6263
 NPI: 1992872691
- 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
 **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**
- 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
- 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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
 W 8:30AM-5PM
 TH 8AM-6PM
 F 8AM-5PM

KHIEU, TINA, OD

Provider Gender: Female
 License Number: 34777
 NPI: 1962031617
 Provider English Spoken: Y
 Cultural Competency: Y
 ACUITY EYE GROUP
 655 EUCLID AVE STE 302
 NATIONAL CITY, CA 91950
 Phone: (619) 472-1010
 Fax: (619) 479-5233
 After Hours Phone: (619) 472-1010
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

NPI: 1578792107

Provider English Spoken: Y


Spanish

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

 1481 E PLAZA BLVD
NATIONAL CITY, CA 91950

 Phone: (619) 477-2159

Fax: (619) 477-2128

 After Hours Phone: (619)
477-2159

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:
Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: SU 10AM-4PM
M-F 9AM-6PM
SA 9AM-5PM

LEE, AUSTIN, OD

Provider Gender: Male

License Number: 14519

NPI: 1922356914


Provider English Spoken: Y

Cultural Competency: Y


VIVE OPTOMETRY

 1033 HIGHLAND AVE

NATIONAL CITY, CA 91950

 Phone: (619) 477-2771

Fax: (619) 477-1680

 After Hours Phone: (619)
477-2771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: TU 10AM-5PM
W-F 9:30AM-5PM

LEE, SALLY, DO

Provider Gender: Female

License Number: 20A8088

NPI: 1457468514

Provider English Spoken: Y


Spanish, Chinese

Cultural Competency: Y

SAN DIEGO EYE

PROFESSIONALS

 2345 E 8TH ST STE 111
NATIONAL CITY, CA 91950

 Phone: (619) 583-4295

Fax: (619) 825-7300

 After Hours Phone: (619)
583-4295

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: TH-F 9AM-5PM

MARLAY, GREG, OD

Provider Gender: Male

License Number: 6998


NPI: 1306903083


Provider English Spoken: Y

Cultural Competency: Y

MARLAY ENTERPRISES

 1132 E PLAZA BLVD STE 201
NATIONAL CITY, CA 91950

 Phone: (619) 477-4166

 After Hours Phone: (619)
477-4166

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
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

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 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

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

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

NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713

Provider English Spoken: Y

Cultural Competency: Y


LUSTRO EYEWORKS

OPTOMETRY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

 1481 E PLAZA BLVD
NATIONAL CITY, CA 91950

 Phone: (619) 477-2159

Fax: (619) 477-2128

 After Hours Phone: (619)
477-2159

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:
Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: SU 10AM-4PM

M-F 9AM-6PM

SA 9AM-5PM

PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y


Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE
FG

NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434


Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE
FG

NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within

1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

WEST COAST EYE CARE

2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221

After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221

After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

TOUBIA, ELIAS, OD

Provider Gender: Male

License Number: 33758

NPI: 1740701481

Provider English Spoken: Y

Arabic

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

1481 E PLAZA BLVD
NATIONAL CITY, CA 91950

Phone: (619) 477-2159

Fax: (619) 477-2128

After Hours Phone: (619)
477-2159

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: SU 10AM-4PM
M-F 9AM-6PM
SA 9AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

Site English Spoken: Y



Min/Max Age: 0\None

Gender Restriction: No Gender
restriction


American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



J. 視力提供者目錄 - 眼科和視力服務

 **Accessibility: CONTACT PROVIDER**
 Public transportation (within 1/2 mile from Site): 1U
 **Hours: M-F 8AM-4:30PM**



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

ZAIDI, NOORINA, OD

Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: Y



WEST COAST EYE CARE
 2240 E PLAZA BLVD STE FG
 NATIONAL CITY, CA 91950
 **Phone: (619) 470-2700**
Fax: (619) 267-8221

 **After Hours Phone: (619) 470-2700**
Accepting New Patients: Yes
 **Site English Spoken: Y**
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N




 **Accessibility: CONTACT PROVIDER**
 Public transportation (within 1/2 mile from Site): 1U
 **Hours: M-F 8AM-4:30PM**



ZAIDI, NOORINA, OD

Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: Y

ACUITY EYE GROUP
 655 EUCLID AVE STE 302
 NATIONAL CITY, CA 91950
 **Phone: (619) 472-1010**



Fax: (619) 479-5233




 **After Hours Phone: (619) 472-1010**
Accepting New Patients: Yes
 **Site English Spoken: Y**
 **Site Languages(s) Spoken: Spanish**
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

 **Accessibility: CONTACT PROVIDER**
 Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-TU 8AM-6PM**
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

ZVANUT, DONALD, OD

Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
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**


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

OCEANSIDE

KASAI, SARAH, OD

Provider Gender: Female

License Number: 34226


NPI: 1023406238


Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY


 3915 MISSION AVE STE 2
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)
757-8771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM
W 10AM-7PM
TH 9AM-6PM
F 9AM-5PM

NISKANEN, RACHEL, OD

Provider Gender: Female

License Number: 34663


NPI: 1467065797

Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY


 3915 MISSION AVE STE 2
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)
757-8771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM
W 10AM-7PM
TH 9AM-6PM
F 9AM-5PM

ROSA, ADAM, OD

Provider Gender: Male

License Number: 34093

NPI: 1295250264


Provider English Spoken: Y


 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

RAMONA

HOMESLEY, SUSAN, OD

Provider Gender: Female








License Number: 6693

NPI: 1720068984



Provider English Spoken: Y






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務





 *Spanish*
Cultural Competency: Y
SUSAN D HOMESLEY OD
 1516 MAIN ST STE 102
 RAMONA, CA 92065
 *Phone: (760) 789-0950*
Fax: (760) 789-6057
 *After Hours Phone: (760) 789-0950*
Accepting New Patients: Yes
 *Site English Spoken: Y*
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M-F 8AM-5PM SA 8AM-11AM*



SAN DIEGO

ACKROYD, ARCHIE, OD
Provider Gender: Male
License Number: 4774
NPI: 1629107172
Provider English Spoken: Y
Cultural Competency: Y
VAN HOOSE OPTOMETRIC CORPORATION
 7246 CLAIREMONT MESA BLVD
 SAN DIEGO, CA 92111
 *Phone: (858) 292-7193*
Fax: (858) 292-8247







 *After Hours Phone: (858) 292-7193*
Accepting New Patients: Yes
 *Site English Spoken: Y*
 *Site Languages(s) Spoken: Spanish*
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1T
 *Hours: M 8AM-5PM TU-TH 9AM-6PM F 8AM-5PM*

ADAMS, MONA, OD
Provider Gender: Female
License Number: 14457
NPI: 1942564521
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS

 7910 FROST ST STE 200
 SAN DIEGO, CA 92123
 *Phone: (858) 309-7702*
Fax: (858) 966-8901
 *After Hours Phone: (858) 309-7702*
Accepting New Patients: Yes
 *Site English Spoken: Y*
Min/Max Age: 0\None
Gender Restriction: No Gender

restriction
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M-F 7AM-5PM*

AOTO, KIM, OD
Provider Gender: Female
License Number: 14524
NPI: 1780935650
Provider English Spoken: Y
 *Spanish, Vietnamese*
Cultural Competency: Y
WEST COAST EYE CARE

 4344 CONVOY ST STE C2
 SAN DIEGO, CA 92111
 *Phone: (858) 565-8822*
Fax: (858) 565-2449
 *After Hours Phone: (858) 565-8822*
Accepting New Patients: Yes
 *Site English Spoken: Y*
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

TH 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

BAUMANN, DANIELA, OD

Provider Gender: Female
License Number: 34530
NPI: 1982232146
Provider English Spoken: Y
Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
☎ Phone: (858) 565-8822
Fax: (858) 565-2449

🕒 After Hours Phone: (858) 565-8822
Accepting New Patients: Yes
📄 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

BEAUDRY, AMANDA, OD

Provider Gender: Female
License Number: 33385
NPI: 1477903516
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS
SPECIALISTS

📍 7910 FROST ST STE 200
SAN DIEGO, CA 92123
☎ Phone: (858) 309-7702
Fax: (858) 966-8901

🕒 After Hours Phone: (858) 309-7702
Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 7AM-5PM

BERGMARK, JAMIE, OD

Provider Gender: Female
License Number: 33657
NPI: 1669920757
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS
SPECIALISTS

📍 7910 FROST ST STE 200
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702
Fax: (858) 966-8901

🕒 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 7AM-5PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM

BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698


NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)
565-8822

Accepting New Patients: Yes


 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM

F 8AM-4PM

BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698


NPI: 1306076716

Provider English Spoken: Y


Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619)
697-4600

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

BOECK, CARL, OD

Provider Gender: Male


License Number: 6620


NPI: 1588656151

Provider English Spoken: Y

 German, Spanish
Cultural Competency: Y

VAN HOOSE OPTOMETRIC CORPORATION

 7246 CLAIREMONT MESA
BLVD
SAN DIEGO, CA 92111


 Phone: (858) 292-7193

Fax: (858) 292-8247

 After Hours Phone: (858)
292-7193

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 8AM-5PM
TU-TH 9AM-6PM
F 8AM-5PM

CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE
OPTOMETRY

 5638 MISSION CENTER RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

STE 103
SAN DIEGO, CA 92108
☎ Phone: (619) 295-2900
Fax: (888) 210-5799
🕒 After Hours Phone: (619) 295-2900
Accepting New Patients: Yes
☐ Site English Spoken: Y
☐ Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
🕒 Hours: M-F 9AM-5:30PM SA 9AM-3PM

CAO, STEPHANIE, OD
Provider Gender: Female
License Number: 35158
NPI: 1215660436
Provider English Spoken: Y
Cultural Competency: Y
OPTOM-EYES VISION CARE OPTOMETRY
📍 1555 PALM AVE STE A2
SAN DIEGO, CA 92154
☎ Phone: (619) 297-2020
Fax: (888) 210-5799
🕒 After Hours Phone: (619) 297-2020
Accepting New Patients: Yes

☐ Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
🕒 Hours: M-F 9:30AM-6PM SA 9AM-3PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-W 9AM-5PM
TH 9AM-1:30PM
F 9AM-5PM
SA 9AM-1PM

COLEMAN, BROOKE, OD

Provider Gender: Female

License Number: 13551

NPI: 1700040748

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

16615 DOVE CANYON RD
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)
487-7900

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM
SA 8:30AM-2PM

COOPER, MICHAEL, OD

Provider Gender: Male

License Number: 10476

NPI: 1164586244

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

16615 DOVE CANYON RD
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)

487-7900

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM
SA 8:30AM-2PM

DAVIS, JADE, OD

Provider Gender: Female

License Number: 11765

NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE
OPTOMETR

7007 FRIARS RD STE 351
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish


























Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

- N**
 **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-F 10AM-7PM SA 10AM-7PM**
- DAVIS, JADE, OD**
Provider Gender: Female
License Number: 11765
NPI: 1457303398
Provider English Spoken: Y
Cultural Competency: Y
OPTOM-EYES VISION CARE OPTOMETRY
 5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108
 **Phone: (619) 295-2900**
Fax: (888) 210-5799
 **After Hours Phone: (619) 295-2900**
Accepting New Patients: Yes
 **Site English Spoken: Y**
 **Site Languages(s) Spoken: Spanish**
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
-  **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1U
 **Hours: M-F 9AM-5:30PM**
- SA 9AM-3PM**
- DEAN, MOENA, OD**
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
 **Phone: (858) 565-8822**
Fax: (858) 565-2449
 **After Hours Phone: (858) 565-8822**
Accepting New Patients: Yes
 **Site English Spoken: Y**
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
-  **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1U
 **Hours: M 10AM-6PM TU 8:30AM-5PM W 7:30AM-4PM TH 9:30AM-5PM F 8AM-4PM**
- DUONG, 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)**
- 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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

309-7702
 Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 7AM-5PM

DYER, SHARON, OD

Provider Gender: Female
 License Number: 33450
 NPI: 1063866887
 Provider English Spoken: Y
 Cultural Competency: Y
 WEST COAST EYE CARE

4344 CONVOY ST STE C2
 SAN DIEGO, CA 92111
 Phone: (858) 565-8822
 Fax: (858) 565-2449
 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER
 Public transportation (within

1/2 mile from Site): 1U
 Hours: M 10AM-6PM
 TU 8:30AM-5PM
 W 7:30AM-4PM
 TH 9:30AM-5PM
 F 8AM-4PM

DYER, SHARON, OD

Provider Gender: Female
 License Number: 33450
 NPI: 1063866887
 Provider English Spoken: Y
 Cultural Competency: Y
 WEST COAST EYE CARE

6945 EL CAJON BLVD
 SAN DIEGO, CA 92115
 Phone: (619) 697-4600
 Fax: (619) 697-2410
 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM
 TU 8AM-5PM
 W 8:30AM-5PM
 TH 8AM-6PM
 F 8AM-4PM

GIANG, STEVEN, OD

Provider Gender: Male
 License Number: 34489
 NPI: 1730710104
 Provider English Spoken: Y
 Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300
 SAN DIEGO, CA 92105
 Phone: (619) 284-3937
 Fax: (619) 284-3938
 After Hours Phone: (619) 284-3937

Accepting New Patients: Yes

Site English Spoken: Y
 Site Language(s) Spoken: Spanish, Vietnamese
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 9AM-5PM
 SA 9AM-1PM

HO, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

220
SAN DIEGO, CA 92126
☎ Phone: (619) 590-1994
🕒 After Hours Phone: (619)
590-1994

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: TH-F 9AM-5PM

HO, AMIEE, OD

Provider Gender: Female

License Number: 14527

NPI: 1396009478

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244

Fax: (619) 295-5034

🕒 After Hours Phone: (619)
543-6244

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL): NPI: 1790339216

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4PM

HO, AMIEE, OD

Provider Gender: Female

License Number: 14527

NPI: 1396009478

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (858) 534-6290

Fax: (858) 732-0921

🕒 After Hours Phone: (858)
534-6290

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

HOANG, KEVIN, OD

Provider Gender: Male

License Number: 34401

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 Language(s) Spoken:
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 9AM-5PM
SA 9AM-1PM

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Fax: (619) 284-3938

 After Hours Phone: (619) 284-3937

Accepting New Patients: Yes


Site English Spoken: Y

Site Language(s) Spoken: Spanish, Vietnamese


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 9AM-5PM
SA 9AM-1PM

HOM, GREGORY, OD

Provider Gender: Male


License Number: 9694


NPI: 1154473916

Provider English Spoken: Y

Cultural Competency: Y

GREGORY G HOM OD

 11230 SORRENTO VLY RD
STE 145
SAN DIEGO, CA 92121

 Phone: (858) 535-9835

Fax: (858) 535-1266

 After Hours Phone: (858) 535-9835

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender

restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-TH 9AM-5PM
F 9AM-4PM

HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y


Spanish

Cultural Competency: Y


HILLCREST EYE

CENTER-UCSD

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

 Phone: (619) 543-6244

Fax: (619) 295-5034

 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091


NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM
TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y

French

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)
543-6244

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

*Public transportation (within
1/2 mile from Site): 1T*

Hours: M-F 8AM-4PM

HUYNH, LOAN, OD

Provider Gender: Female

License Number: 34472

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-6PM

F 10AM-3PM

SA 9AM-2PM

HUYNH, CHI, OD

Provider Gender: Female

License Number: 12901

NPI: 1922187426

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

CRYSTAL EYESITE

OPTOMETRY

9225 MIRA MESA BLVD STE
108

SAN DIEGO, CA 92126

Phone: (858) 547-3988

Fax: (844) 367-5161

After Hours Phone: (858)
547-3988

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

*Public transportation (within
1/2 mile from Site): 1U*

Hours: M 9:30AM-6PM

W 9:30AM-6PM

TH-F 10AM-6PM

SA 9AM-3PM

HUYNH, PAUL, MD

Provider Gender: Male

License Number: A79141

NPI: 1871577056

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

ADVANCED EYE AND LASER
CTR OF CA INC

10737 CAMINO RUIZ STE
100

SAN DIEGO, CA 92126

Phone: (858) 549-3200

Fax: (858) 549-3207

After Hours Phone: (858)
549-3200

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog,
Vietnamese

Min/Max Age: 0\None

*Gender Restriction: No Gender
restriction*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

American Sign Language (ASL): JOMOC, CAITLIN, OD

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F 8AM-5PM**

HUYNH, PAUL, MD

Provider Gender: Male

License Number: A79141

NPI: 1871577056

Provider English Spoken: Y


 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**

Provider Gender: Female

License Number: 35009

NPI: 1861164642


Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

 Phone: (619) 543-6244

Fax: (619) 295-5034

 After Hours Phone: (619)
543-6244

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F 8AM-4PM**

JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009


NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F 8AM-5PM**

KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438


Provider English Spoken: Y

 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):


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

- N**
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M 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
- KATZMAN, BARRY, MD**
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
 *Spanish*
Cultural Competency: Y
 WEST COAST EYE CARE
 6945 EL CAJON BLVD
 SAN DIEGO, CA 92115
 *Phone: (619) 697-4600*
Fax: (619) 697-2410
 *After Hours Phone: (619) 697-4600*
Accepting New Patients: Yes
 *Site English Spoken: Y*
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
- KATZMAN, BARRY, MD**
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
 *Spanish*
Cultural Competency: Y
 WEST COAST EYE CARE
 6945 EL CAJON BLVD
 SAN DIEGO, CA 92115
 *Phone: (619) 697-4600*
Fax: (619) 697-2410
 *After Hours Phone: (619) 697-4600*
Accepting New Patients: Yes
 *Site English Spoken: Y*
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
- KATZMAN, BARRY, MD**
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
 *Spanish*
Cultural Competency: Y
 WEST COAST EYE CARE
 6945 EL CAJON BLVD
 SAN DIEGO, CA 92115
 *Phone: (619) 697-4600*
Fax: (619) 697-2410
 *After Hours Phone: (619) 697-4600*
Accepting New Patients: Yes
 *Site English Spoken: Y*
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
- KHALIGHI, PAYMAN, OD**
Provider Gender: Male
License Number: 13014
NPI: 1396897880
Provider English Spoken: Y
 *Spanish*
Cultural Competency: Y
 JASMINE P NGUYEN OD INC
*Hours: M 10AM-6PM
 TU 8:30AM-5PM
 W 7:30AM-4PM
 TH 9:30AM-5PM
 F 8AM-4PM*
- 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

 4029 43RD ST STE 300
SAN DIEGO, CA 92105

 Phone: (619) 284-3937

Fax: (619) 284-3938

 After Hours Phone: (619)
284-3937

Accepting New Patients: Yes


Site English Spoken: Y

Site Language(s) Spoken:
Spanish, Vietnamese


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: M-F 9AM-5PM
SA 9AM-1PM

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

Arabic

Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619)
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

Arabic


Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

Public transportation (within
1/2 mile from Site): 1U

 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

KHAN, FAHAD, MD

Provider Gender: Male

License Number: A163142

NPI: 1548605843


Provider English Spoken: Y

Hindi

Cultural Competency: Y

VISION SPECIALISTS OF
CALIFORNIA

 233 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (619) 501-9050

Fax: (619) 501-9054

 After Hours Phone: (619)
501-9050

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:
Bengali, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

🕒 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

KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

🕒 After Hours Phone: (619)
697-4600

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

KHINDA, SUNEHA, OD

Provider Gender: Female

License Number: 35494

NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

📍 16615 DOVE CANYON RD
STE 105
SAN DIEGO, CA 92127

☎ Phone: (858) 487-7900

Fax: (858) 487-1896

🕒 After Hours Phone: (858)
487-7900

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM
SA 8:30AM-2PM

KIM, PHILIP, OD

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244

Fax: (619) 295-5034

🕒 After Hours Phone: (619)
543-6244

Accepting New Patients: Yes

🗨 Site English Spoken: Y













Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務




- N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F 8AM-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
- 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
 Site Language(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



J. 視力提供者目錄 - 眼科和視力服務

 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: 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

 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
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
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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender 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

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 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

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 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): 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供
 者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

🕒 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

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

MCCLEAN, ESMERALDA, OD

Provider Gender: Female
License Number: 15001

NPI: 1962817981

Provider English Spoken: Y

Spanish
Cultural Competency: Y

UC SAN DIEGO HEALTH

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (858) 534-6290
Fax: (858) 732-0921

🕒 After Hours Phone: (858)
534-6290

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

MCGRAW, JOSEPH, MD

Provider Gender: Male
License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822
Fax: (858) 565-2449

🕒 After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

MCGRAW, JOSEPH, MD

Provider Gender: Male
License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600
Fax: (619) 697-2410

🕒 After Hours Phone: (619)
697-4600



Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。


J. 視力提供者目錄 - 眼科和視力服務

 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M 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

 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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

- N**
♿ *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1T
🕒 *Hours: M-F 8AM-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
- 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
- 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
- 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
- N**
♿ *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
🕒 *Hours: M-TU 9AM-5PM*
W 10AM-6PM
TH 9AM-5PM
F 10AM-6PM
- NGUYEN, BRUCE, OD**
Provider Gender: Male
License Number: 14156
NPI: 1376839019
Provider English Spoken: Y
🗃 *Vietnamese Cultural Competency: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

CLAIREMONT OPTOMETRY
 10715 TIERRASANTA BLVD
 STE F
 SAN DIEGO, CA 92124
 Phone: (858) 279-6500
 Fax: (858) 225-7174

After Hours Phone: (858) 279-6500
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish, Vietnamese
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T

Hours: M-W 9AM-6PM
 TH-F 9AM-5PM
 SA 8AM-3PM

NGUYEN, KELVIN, OD

Provider Gender: Male
 License Number: 11085
 NPI: 1518923572
 Provider English Spoken: Y
 Spanish
 Cultural Competency: Y

SD VISION CARE OPTOMETRY
 3807 FAIRMOUNT AVE STE 200
 SAN DIEGO, CA 92105
 Phone: (619) 508-5678
 Fax: (619) 501-0686

After Hours Phone: (619) 508-5678

Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1T

NGUYEN, BRUCE, OD

Provider Gender: Male
 License Number: 14156
 NPI: 1376839019
 Provider English Spoken: Y

Vietnamese
 Cultural Competency: Y
SD VISION CARE OPTOMETRY

3807 FAIRMOUNT AVE STE 200
 SAN DIEGO, CA 92105
 Phone: (619) 508-5678
 Fax: (619) 501-0686

After Hours Phone: (619) 508-5678
 Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT

PROVIDER
 Public transportation (within 1/2 mile from Site): 1T

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

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, 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, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish
Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

PATEL, GITANE, MD

Provider Gender: Male
License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115
☎ Phone: (619) 697-4600
Fax: (619) 697-2410
🕒 After Hours Phone: (619)
697-4600
Accepting New Patients: Yes
☐ Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
🕒 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
☎ Phone: (858) 565-8822
Fax: (858) 565-2449
🕒 After Hours Phone: (858)
565-8822
Accepting New Patients: Yes
☐ Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

PHAM, TONY, OD

Provider Gender: Male
License Number: 12348
NPI: 1841271434
Provider English Spoken: Y
☐ Spanish, Vietnamese
Cultural Competency: Y
MIRA MESA EYECARE
📍 6755 MIRA MESA BLVD STE

141

SAN DIEGO, CA 92121
☎ Phone: (858) 535-8282
Fax: (858) 535-0537

🕒 After Hours Phone: (858)
535-8282
Accepting New Patients: Yes
☐ Site English Spoken: Y
☐ Site Language(s) Spoken:
Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1T
🕒 Hours: M-TU 9:30AM-6PM
TH-F 9:30AM-6PM

PHUNG, RICHARD N V, OD

Provider Gender: Male
License Number: 9547
NPI: 1689661571
Provider English Spoken: Y
☐ Vietnamese, Chinese
Cultural Competency: Y
SCRIPPS RANCH OPTOMETRI
CTR
📍 9880 HIBERT ST STE E1
SAN DIEGO, CA 92131
☎ Phone: (858) 693-9044
Fax: (858) 693-0704
🕒 After Hours Phone: (858)
693-9044
Accepting New Patients: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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
 Min/Max Age: 0\None
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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-6PM

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL): **TA, TRANG, OD**

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 10AM-7PM
SA 10AM-7PM

SOLIS, KEVIN, OD

Provider Gender: Male

License Number: 10420


NPI: 1538362116

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE
OPTOMETRY

 1555 PALM AVE STE A2
SAN DIEGO, CA 92154

 Phone: (619) 297-2020

Fax: (888) 210-5799

 After Hours Phone: (619)
297-2020

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 9:30AM-6PM
SA 9AM-3PM

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 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

Spanish


Cultural Competency: Y

OPTOM-EYES VISION CARE
OPTOMETRY


 1555 PALM AVE STE A2
SAN DIEGO, CA 92154

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

 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

TAM, MAY, OD

Provider Gender: Female

License Number: 11960


NPI: 1548255896


Provider English Spoken: Y

 Spanish

Cultural Competency: Y

FASHION VALLEY EYE CARE OPTOMETR

 7007 FRIARS RD STE 351 SAN DIEGO, CA 92108


 Phone: (619) 291-2020

Fax: (888) 210-5799

 After Hours Phone: (619) 291-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender 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

TILLMAN, SYLVIA, OD

Provider Gender: Female

License Number: 9726


NPI: 1174730824

Provider English Spoken: Y

Cultural Competency: Y

JASMINE P NGUYEN OD INC

 4029 43RD ST STE 300 SAN DIEGO, CA 92105


 Phone: (619) 284-3937

Fax: (619) 284-3938

 After Hours Phone: (619) 284-3937

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: 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

 6945 EL CAJON BLVD SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM TU 8AM-5PM W 8:30AM-5PM TH 8AM-6PM F 8AM-4PM

TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

WEST COAST EYE CARE

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

TRAN, ALEXANDER, OD

Provider Gender: Male

License Number: 14136

NPI: 1902414790

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)
309-7702

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1U

 *Hours: M-F 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*

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)*



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

565-8822
Accepting New Patients: Yes
 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM






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

ZAIDI, NOORINA, OD




Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
 Phone: (858) 565-8822
Fax: (858) 565-2449
 After Hours Phone: (858)
565-8822
Accepting New Patients: Yes
 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

ZAIDI, NOORINA, OD




Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

 6945 EL CAJON BLVD
 SAN DIEGO, CA 92115
 Phone: (619) 697-4600
 Fax: (619) 697-2410
 After Hours Phone: (619)
 697-4600
 Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Public transportation (within
 1/2 mile from Site): 1U
 Hours: M 7:30AM-4:30PM
 TU 8AM-5PM
 W 8:30AM-5PM
 TH 8AM-6PM
 F 8AM-4PM

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
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Public transportation (within
 1/2 mile from Site): 1U
 Hours: M 10AM-6PM
 TU 8:30AM-5PM
 W 7:30AM-4PM
 TH 9:30AM-5PM
 F 8AM-4PM


SAN MARCOS

GARFF, KEVIN, MD



Provider Gender: Male
 License Number: A160988
 NPI: 1609258920
 Provider English Spoken: Y

Spanish
 Cultural Competency: Y
 RSF OPHTHALMOLOGY

 100 N RANCHO SNTA FE
 RD STE 12
 SAN MARCOS, CA 92069
 Phone: (760) 598-0400
 Fax: (760) 249-7394

 After Hours Phone: (760)
 598-0400
 Accepting New Patients: Yes




Site English Spoken: Y
 Site Languages(s) Spoken:
 Spanish, Thai
 Min/Max Age: 0\None
 Gender Restriction: No Gender

restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Public transportation (within
 1/2 mile from Site): 1T
 Hours: M-F 8AM-5PM


GUAN, HOWARD, MD

Provider Gender: Male
 License Number: A119766
 NPI: 1134427636
 Provider English Spoken: Y

Spanish, Chinese
 Cultural Competency: Y
 RSF OPHTHALMOLOGY

 100 N RANCHO SNTA FE
 RD STE 12
 SAN MARCOS, CA 92069
 Phone: (760) 598-0400
 Fax: (760) 249-7394
 After Hours Phone: (760)
 598-0400

Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken:
 Spanish, Thai
 Min/Max Age: 0\None
 Gender Restriction: No Gender
 restriction

American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Public transportation (within
 1/2 mile from Site): 1T

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供
 者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

🕒 *Hours: M-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 SANTA 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

📍 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

American Sign Language (ASL): 1/2 mile from Site): 1T

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 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

 Hours: M 9AM-5PM
TU 9AM-6PM
W 9AM-5PM
TH 9AM-6PM
F 9AM-5PM

SPRING VALLEY

FLEMING, JOHN, OD

Provider Gender: Male

License Number: 8461


NPI: 1033192133

Provider English Spoken: Y


Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318

Fax: (619) 463-9640

 After Hours Phone: (619)
463-9318

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM
TU 9AM-5:30PM
W-TH 9AM-5PM
F 9AM-4PM

HOANG, KENNY, OD

Provider Gender: Male

License Number: 35207


NPI: 1740868603

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318

Fax: (619) 463-9640

 After Hours Phone: (619)
463-9318

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM
TU 9AM-5:30PM
W-TH 9AM-5PM
F 9AM-4PM

JOHNSON, CHRISTOPHER, OD

Provider Gender: Male

License Number: 15100

NPI: 1568861425

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/med-cal。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

SPRING VALLEY, CA 91977

☎ Phone: (619) 463-9318

Fax: (619) 463-9640

🕒 After Hours Phone: (619) 463-9318

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 9AM-5PM
TU 9AM-5:30PM
W-TH 9AM-5PM
F 9AM-4PM

KALRA, ANKUR, OD

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y

Hindi

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

📍 687 SWEETWATER RD
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619) 466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM
SA 9AM-5PM

KEDDINGTON, JOAN, OD

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y

Spanish

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

📍 687 SWEETWATER RD
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619) 466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM
SA 9AM-5PM

KING, MARY, OD

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

Spanish

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

📍 687 SWEETWATER RD
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619) 466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

🕒 Hours: M-F 9AM-6PM
SA 9AM-5PM

NGUYEN, THERESA, OD

Provider Gender: Female
License Number: 35530TLG
NPI: 1609555713
Provider English Spoken: Y
Cultural Competency: Y
EYE CARE OPTOMETRY
ASSOCIATES

📍 687 SWEETWATER RD
SPRING VALLEY, CA 91977
☎ Phone: (619) 466-9444
Fax: (619) 466-9314

🕒 After Hours Phone: (619)
466-9444

Accepting New Patients: Yes

Site English Spoken: Y
 Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM
SA 9AM-5PM

SOLIS, KEVIN, OD

Provider Gender: Male
License Number: 10420
NPI: 1538362116

Provider English Spoken: Y
Cultural Competency: Y
EYE CARE OPTOMETRY
ASSOCIATES

📍 687 SWEETWATER RD
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444
Fax: (619) 466-9314

🕒 After Hours Phone: (619)
466-9444

Accepting New Patients: Yes

Site English Spoken: Y
 Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ 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:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM
SA 9AM-5PM

VALLEY CENTER

JOYCE, ROBERT, OD

Provider Gender: Male
License Number: 11833
NPI: 1275585127

Provider English Spoken: Y

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 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): 1/2 mile from Site): 1T
 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

J. 視力提供者目錄 - 眼科和視力服務

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

Phone: (760) 758-2340

Fax: (760) 867-2222

After Hours Phone: (760)
758-2340

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL): N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M 9AM-5PM
TU-W 9AM-6PM
TH-F 9AM-5PM

TRAN, THAO, OD

Provider Gender: Female

License Number: 12867

NPI: 1962581421

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

KINDERSPECS-GOOD EYES

OPTOMETRY

110 CIVIC CENTER DR STE
204
VISTA, CA 92084

Phone: (760) 753-3665

Fax: (408) 969-1653

After Hours Phone: (760)
753-3665

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-TH 10AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

ECM 重點族群 (POF) 表

ECM 重點族群			成人	兒童及青少年
	1	無家可歸者	✓	✓
	2	面臨可避免的醫院或 ED 使用風險者（正式稱為「高使用者」）	✓	✓
	3	有嚴重心理健康和/或藥物濫用障礙需求者	✓	✓
	4	從監禁中過渡者	✓	✓
	5	生活在社區且面臨長期照護機構收容風險的成年人	✓	
	6	過渡到社區的成人護理機構居民	✓	
	7	加入加州兒童服務 (CCS) 或 CCS 全兒童模式 (WCM) 的兒童及青少年，除了 CCS 條件外還有其他需求)		✓
	8	參與兒童福利的兒童及青少年		✓
	9	出生公平性重點人群	✓	✓

K. 其他服務提供者（社區支援、增強護理管理）

CULVER CITY

MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE
STE 465

CULVER CITY, CA 90230

Phone: (323) 203-0070

After Hours Phone: (323)
203-0070

Accessibility: CONTACT
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services

Street Medicine Provider: N
Email for New Referrals and
Existing Patients:

ecm@mymedzed.com

Phone for New Referrals and

Existing Patients: (323)

203-0070

MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE
STE 465

CULVER CITY, CA 90230

Phone: (323) 203-0070

After Hours Phone: (323)
203-0070

Accessibility: CONTACT
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services

Street Medicine Provider: N
Email for New Referrals and
Existing Patients:

ecm@mymedzed.com

Phone for New Referrals and
Existing Patients: (323)

203-0070

EL CAJON

LA MAESTRA COMMUNITY HEALTH CENTERS

165 S 1ST ST

EL CAJON, CA 92019

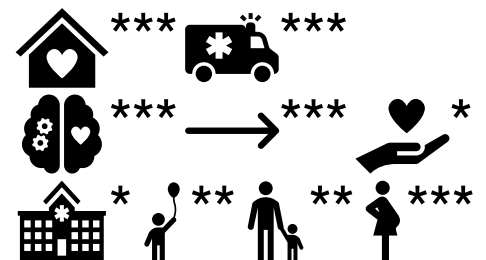
Phone: (619) 510-4641

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

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060

FAIRMOUNT AVE;SAN

DIEGO;CA;92105

JI ECM Provider Billing- Direct

Contract with Correctional

Facilities;JI ECM Provider

Billing- FFS (PAVE Enrollment)

JI ECM Provider

Services-Pre-Release Services

and Participating in Warm

Handoffs

LA MAESTRA

COMMUNITY HEALTH

CENTERS

165 S 1ST ST

EL CAJON, CA 92019

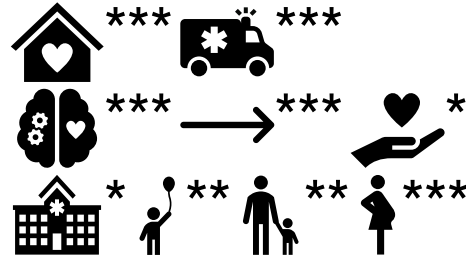
Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619)

510-4641

Mailing Address: 4060

FAIRMOUNT AVE;SAN

DIEGO;CA;92105

JI ECM Provider Billing- Direct

Contract with Correctional

Facilities;JI ECM Provider

Billing- FFS (PAVE Enrollment)

JI ECM Provider

Services-Pre-Release Services

Services-Pre-Release Services

Services-Pre-Release Services

and Participating in Warm Handoffs

EL SEGUNDO

24HR HOMECARE LLC

200 N PACIFIC COAST

HWY STE 300

EL SEGUNDO, CA 90245

Phone: (310) 906-3683

After Hours Phone: (310)

906-3683

Accessibility: CONTACT

PROVIDER

Website: N/A

Community Supports Services:

Personal Care and

Homemaker Services,Respite

Services

Street Medicine Provider: N

Phone for New Referrals and Existing Patients: (310)

906-3683

906-3683

ENCINITAS

SAN DIEGO HEALTHCARE

QUALITY

COLLABORATIVE

1084 N EL CAMINO REAL

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

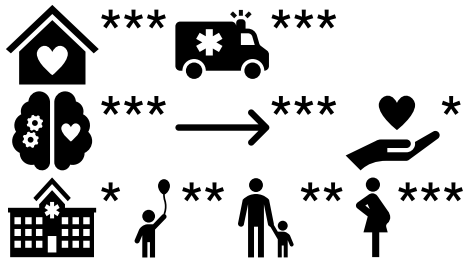
請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上

午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供

者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

STE B149
ENCINITAS, CA 92024
Phone: (619) 273-3295
After Hours Phone: (619) 273-3295
Accessibility: CONTACT PROVIDER
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: referrals@sdsdwellnesscollaborative.org
Phone for New Referrals and Existing Patients: (619) 273-3295
Mailing Address: 1084 N EL CAMINO REAL STE B-149; Encinitas; CA; 92024

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

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 New Referrals and Existing Patients: (760) 489-6380

TITANIUM HEALTHCARE

500 LA TERRAZA BLVD STE 150 ESCONDIDO, CA 92025
Phone: (310) 280-5203
After Hours Phone: (310) 280-5203
Accessibility: CONTACT PROVIDER
Website: N/A

Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (310) 280-5203

TITANIUM HEALTHCARE

500 LA TERRAZA BLVD STE 150 ESCONDIDO, CA 92025
Phone: (310) 280-5203
After Hours Phone: (310) 280-5203

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

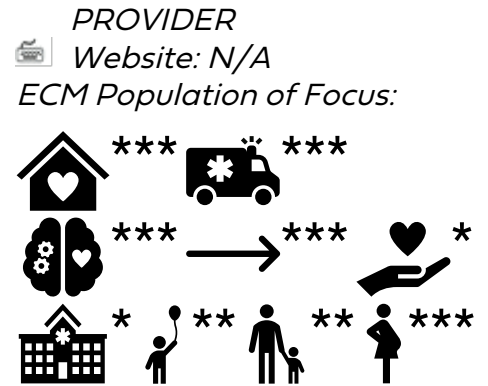
280-5203
 ♿ Accessibility: CONTACT PROVIDER
 🌐 Website: N/A
 Community Supports Services:
 Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
 Street Medicine Provider: N
 Phone for New Referrals and Existing Patients: (310) 280-5203



Community Supports Services: N/A
 Street Medicine Provider: N
 Email for New Referrals and Existing Patients: tsadlowski@ibclinic.org
 Phone for New Referrals and Existing Patients: (619) 429-3733

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:



PROVIDER
 🌐 Website: N/A
 ECM Population of Focus:
 Community Supports Services: N/A
 Street Medicine Provider: N
 Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
 Phone for New Referrals and Existing Patients: (619) 510-4641
 Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105
 JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)
 JI ECM Provider

LEMON GROVE LA MAESTRA COMMUNITY HEALTH CENTERS

📍 7967 BROADWAY
 LEMON GROVE, CA 91945
 ☎ Phone: (619) 510-4641
 📞 After Hours Phone: (619) 510-4641
 ♿ Accessibility: CONTACT

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

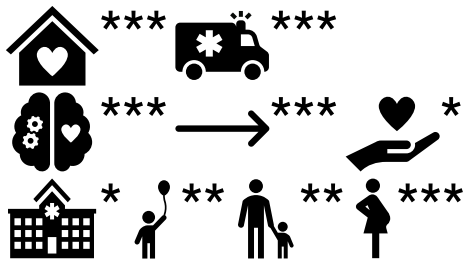
7967 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 510-4641
After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

SERENE HEALTH

7614 LEMON AVE STE C
LEMON GROVE, CA 91945
Phone: (619) 354-1409
After Hours Phone: (619) 354-1409

Accessibility: CONTACT PROVIDER

Website: N/A

Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition

Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients:
andrea@serenehealth.com
Phone for New Referrals and Existing Patients: (619) 354-1409

SERENE HEALTH

7614 LEMON AVE STE C
LEMON GROVE, CA 91945
Phone: (619) 354-1409
After Hours Phone: (619) 354-1409

Accessibility: CONTACT PROVIDER

Website: N/A

Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients:
andrea@serenehealth.com
Phone for New Referrals and Existing Patients: (619)

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

354-1409

LOS ANGELES

EXODUS RECOVERY INC

1902 MARENGO ST STE 107
LOS ANGELES, CA 90033

Phone: (323) 276-6471

After Hours Phone: (323)
276-6471

Accessibility: CONTACT
PROVIDER

Website: N/A

Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Phone for New Referrals and
Existing Patients: (323)
276-6471

EXODUS RECOVERY INC

1902 MARENGO ST STE 107
LOS ANGELES, CA 90033

Phone: (323) 276-6471

After Hours Phone: (323)
276-6471

Accessibility: CONTACT

PROVIDER

Website: N/A

Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Phone for New Referrals and
Existing Patients: (323)
276-6471

EXODUS RECOVERY INC

8401 S VERMONT AVE
LOS ANGELES, CA 90044

Phone: (323) 789-6492

After Hours Phone: (323)
789-6492

Accessibility: CONTACT
PROVIDER

Website: N/A

Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Phone for New Referrals and
Existing Patients: (323)

789-6492

EXODUS RECOVERY INC

8401 S VERMONT AVE
LOS ANGELES, CA 90044

Phone: (323) 789-6492

After Hours Phone: (323)
789-6492

Accessibility: CONTACT
PROVIDER

Website: N/A

Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Phone for New Referrals and
Existing Patients: (323)
789-6492

NATIONAL CITY

LA MAESTRA

COMMUNITY HEALTH CENTERS

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (619) 510-4641

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

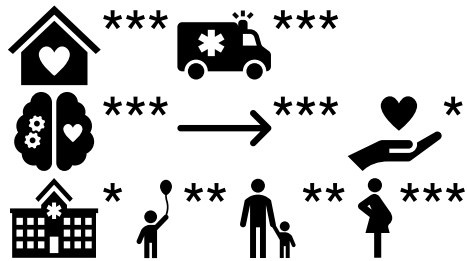
K. 其他服務提供者（社區支援、增強護理管理）

☎ *After Hours Phone: (619) 510-4641*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE;SAN DIEGO;CA;92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities;Jl ECM Provider

Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

📍 217 HIGHLAND AVE NATIONAL CITY, CA 91950

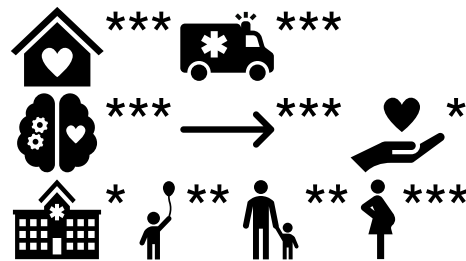
☎ *Phone: (619) 510-4641*

☎ *After Hours Phone: (619) 510-4641*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE;SAN DIEGO;CA;92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities;Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

ORINDA

PATHWAY HOME SOLUTIONS INC

📍 2 BIRCH CT ORINDA, CA 94563

☎ *Phone: (209) 601-0734*

☎ *After Hours Phone: (209) 601-0734*

♿ *Accessibility: CONTACT PROVIDER*


*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

 Website: N/A
 Community Supports Services:
 Environmental Accessibility
 Adaptations (Home
 Modifications)
 Street Medicine Provider: N
 Phone for New Referrals and
 Existing Patients: (209)
 601-0734


REDONDO BEACH

EXODUS RECOVERY INC

 923 S CATALINA AVE
 REDONDO BEACH, CA
 90277
 Phone: (424) 282-2255
 After Hours Phone: (424)
 282-2255
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 Community Supports Services:
 Housing Deposits, Housing
 Tenancy and Sustaining
 Services, Housing Transition
 Navigation Services
 Street Medicine Provider: N
 Phone for New Referrals and
 Existing Patients: (424)

282-2255




EXODUS RECOVERY INC

 923 S CATALINA AVE
 REDONDO BEACH, CA
 90277
 Phone: (424) 282-2255
 After Hours Phone: (424)
 282-2255
 Accessibility: CONTACT
 PROVIDER
 Website: N/A

Community Supports Services:
 Housing Deposits, Housing
 Tenancy and Sustaining
 Services, Housing Transition
 Navigation Services
 Street Medicine Provider: N
 Phone for New Referrals and
 Existing Patients: (424)
 282-2255


SACRAMENTO

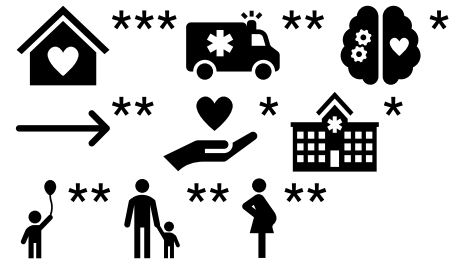
FULL CIRCLE HEALTH NETWORK

 2201 K ST
 SACRAMENTO, CA 95816
 Phone: (888) 749-8877
 After Hours Phone: (888)

749-8877

 Accessibility: CONTACT
 PROVIDER

 Website: N/A
 ECM Population of Focus:



Community Supports Services:
 N/A

Street Medicine Provider: N
 Email for New Referrals and
 Existing Patients:
 network@fullcirclehn.org
 Phone for New Referrals and
 Existing Patients: (888)
 749-8877

Mailing Address: 2201 K
 ST; SACRAMENTO; CA; 95816
 JI ECM Provider Billing- FFS
 (PAVE Enrollment)
 JI ECM Provider
 Services-Pre-Release Services
 and Participating in Warm

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

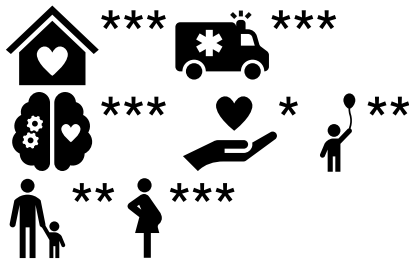
Handoffs

SAN DIEGO

HEALTHY CONNECT SAN DIEGO

1202 MORENA BLVD
SAN DIEGO, CA 92110
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333
Hours: M-F 8AM-4PM
Accessibility: CONTACT PROVIDER
Website: N/A

ECM Population of Focus:



Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N

Email for New Referrals and
Existing Patients:
mhammel@comresearch.org
Phone for New Referrals and
Existing Patients: (619)
507-9333

HEALTHY CONNECT SAN DIEGO

1202 MORENA BLVD
SAN DIEGO, CA 92110
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333
Hours: M-F 8AM-4PM
Accessibility: CONTACT PROVIDER
Website: N/A

ECM Population of Focus:



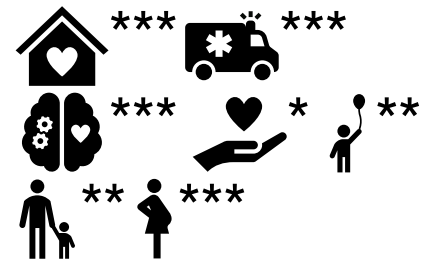
Community Supports Services:
Housing Deposits, Housing

Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Email for New Referrals and
Existing Patients:
mhammel@comresearch.org
Phone for New Referrals and
Existing Patients: (619)
507-9333

HEALTHY CONNECT SAN DIEGO

3570 CAMINO DEL RIO N
SAN DIEGO, CA 92108
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333
Accessibility: CONTACT PROVIDER
Website: N/A

ECM Population of Focus:



*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

Community Supports Services:
N/A


Street Medicine Provider: N
Email for New Referrals and
Existing Patients:


mhammel@comresearch.org

Phone for New Referrals and
Existing Patients: (619)
507-9333

HEALTHY CONNECT SAN DIEGO

 3570 CAMINO DEL RIO N
SAN DIEGO, CA 92108

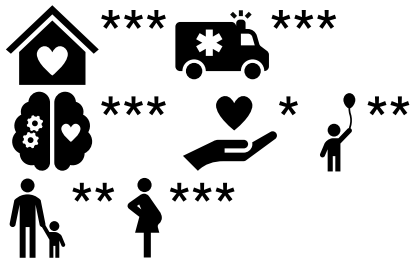
 *Phone: (619) 507-9333*

 *After Hours Phone: (619)*
507-9333

 *Accessibility: CONTACT*
PROVIDER

 *Website: N/A*

ECM Population of Focus:



Community Supports Services:
N/A


Street Medicine Provider: N
Email for New Referrals and
Existing Patients:


mhammel@comresearch.org

Phone for New Referrals and
Existing Patients: (619)
507-9333


HORIZON RECUPERATIVE CARE

 3423 CHANNEL WAY
SAN DIEGO, CA 92110

 *Phone: (858) 326-1100*

 *After Hours Phone: (858)*
326-1100

 *Accessibility: CONTACT*
PROVIDER

 *Website: N/A*


Community Supports Services:


Recuperative Care (Medical
Respite), Short-Term
Post-Hospitalization Housing
Street Medicine Provider: N
Phone for New Referrals and
Existing Patients: (858)
326-1100

IMPERIAL BEACH HEALTH CENTER

 1016 OUTER RD

SAN DIEGO, CA 92154

 *Phone: (619) 429-3733*

 *After Hours Phone: (619)*
429-3733

 *Accessibility: CONTACT*
PROVIDER

 *Website: N/A*

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and
Existing Patients:
tsadlowski@ibclinic.org
Phone for New Referrals and
Existing Patients: (619)
429-3733

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

FAMILY HEALTH

CENTERS OF SAN DIEGO

823 GATEWAY CENTER WAY

SAN DIEGO, CA 92102

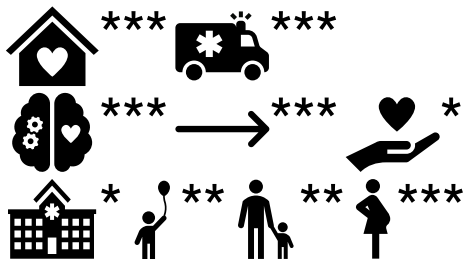
Phone: (619) 876-4450

After Hours Phone: (619) 876-4450

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients:

CalAIMReferrals@fhcsd.org

Phone for New Referrals and Existing Patients: (619) 876-4450

Mailing Address: 823 GATEWAY CENTER WAY; SAN DIEGO; CA; 92102

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs

FAMILY HEALTH

CENTERS OF SAN DIEGO

823 GATEWAY CENTER WAY

SAN DIEGO, CA 92102

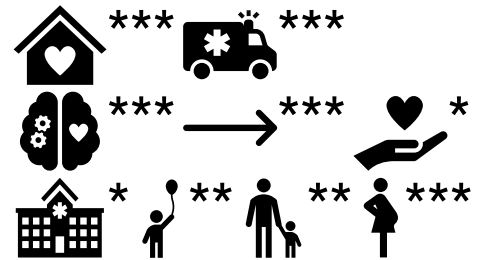
Phone: (619) 876-4450

After Hours Phone: (619) 876-4450

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients:

CalAIMReferrals@fhcsd.org
Phone for New Referrals and Existing Patients: (619) 876-4450

Mailing Address: 823 GATEWAY CENTER WAY; SAN DIEGO; CA; 92102
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

Services-Pre-Release Services and Participating in Warm Handoffs

FATHER JOES VILLAGES

 16 15TH ST
SAN DIEGO, CA 92101
 Phone: (619) 645-6405
 After Hours Phone: (619) 645-6405
 Accessibility: CONTACT PROVIDER
 Website: N/A

*Community Supports Services: Recuperative Care (Medical Respite)
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619) 645-6405*

2-1-1 SAN DIEGO


 3860 CALLE FORTUNADA
SAN DIEGO, CA 92123
 Phone: (858) 380-5750
 After Hours Phone: (858) 380-5750
 Accessibility: CONTACT PROVIDER
 Website: N/A

ECM Population of Focus:



*Community Supports Services: Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@211sandiego.org
Phone for New Referrals and Existing Patients: (858) 380-5750*

2-1-1 SAN DIEGO

 3860 CALLE FORTUNADA
SAN DIEGO, CA 92123
 Phone: (858) 380-5750
 After Hours Phone: (858) 380-5750
 Accessibility: CONTACT PROVIDER
 Website: N/A

ECM Population of Focus:



*Community Supports Services: Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@211sandiego.org
Phone for New Referrals and Existing Patients: (858) 380-5750*

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

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

(Medical Respite), Short-Term Post-Hospitalization Housing Street Medicine Provider: N Phone for New Referrals and Existing Patients: (619) 810-8668

PEOPLE ASSISTING THE HOMELESS

 1250 SIXTH AVE
SAN DIEGO, CA 92101
 Phone: (619) 810-8668
 After Hours Phone: (619) 810-8668
 Accessibility: CONTACT PROVIDER
 Website: N/A

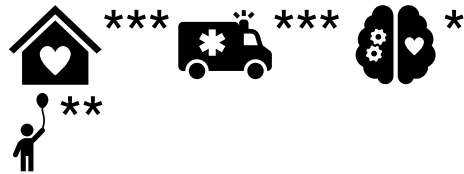
Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing Street Medicine Provider: N Phone for New Referrals and Existing Patients: (619)

810-8668

SAN DIEGO FAMILY CARE


 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
 Accessibility: CONTACT PROVIDER
 Website: N/A

ECM Population of Focus:



Community Supports Services: N/A Street Medicine Provider: N Phone for New Referrals and Existing Patients: (858) 279-0925

SAN DIEGO FAMILY CARE

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858)

810-8700

 Accessibility: CONTACT PROVIDER

 Website: N/A


ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N Phone for New Referrals and Existing Patients: (858) 810-8700

SERENE HEALTH

 3625 RUFFIN RD STE 206
SAN DIEGO, CA 92123
 Phone: (619) 354-1409
 After Hours Phone: (619) 354-1409
 Accessibility: CONTACT PROVIDER
 Website: N/A

ECM Population of Focus:



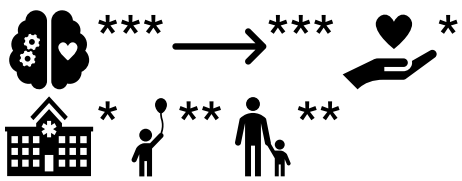
*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）



Community Supports Services:
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

andrea@serenehealth.com

Phone for New Referrals and Existing Patients: (619)

354-1409

Mailing Address: 4849

RONSON CT STE 207;SAN DIEGO;CA;92111

JI ECM Provider Billing- FFS (PAVE Enrollment)

JI ECM Provider

Services-Warm Handoffs Only

SERENE HEALTH

3625 RUFFIN RD STE 206
SAN DIEGO, CA 92123

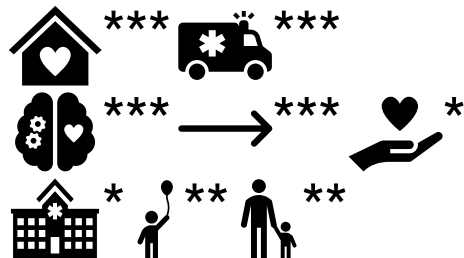
Phone: (619) 354-1409

After Hours Phone: (619) 354-1409

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

andrea@serenehealth.com

Phone for New Referrals and Existing Patients: (619)

354-1409

Mailing Address: 4849

RONSON CT STE 207;SAN DIEGO;CA;92111

JI ECM Provider Billing- FFS (PAVE Enrollment)

JI ECM Provider

Services-Warm Handoffs Only

JEWISH FAMILY SERVICE OF SAN DIEGO

8804 BALBOA AVE
SAN DIEGO, CA 92123

Phone: (858) 637-3221

After Hours Phone: (858) 637-3221

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation

Services, Medically-Supportive Food/Meals/Medically Tailored Meals

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

calaim@jfssd.org

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。



街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

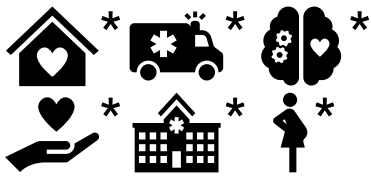
K. 其他服務提供者（社區支援、增強護理管理）

Phone for New Referrals and Existing Patients: (858) 637-3221

JEWISH FAMILY SERVICE OF SAN DIEGO

 8804 BALBOA AVE
SAN DIEGO, CA 92123
 Phone: (858) 637-3221
 After Hours Phone: (858) 637-3221
 Accessibility: CONTACT PROVIDER
 Website: N/A






ECM Population of Focus:

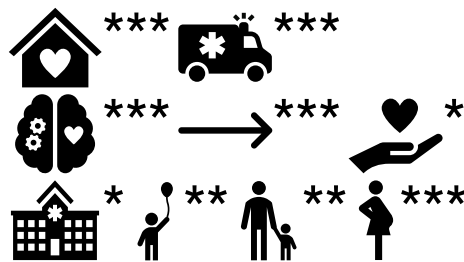


Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation
Services, Medically-Supportive Food/Meals/Medically Tailored Meals

Street Medicine Provider: N
Email for New Referrals and Existing Patients:
calaim@jfssd.org
Phone for New Referrals and Existing Patients: (858) 637-3221

LA MAESTRA COMMUNITY HEALTH CENTERS

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619) 510-4641
 Accessibility: CONTACT PROVIDER
 Website: N/A
ECM Population of Focus:



Community Supports Services:

Asthma Remediation, Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients:
ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

 4060 FAIRMOUNT AVE






*成人 **兒童 ***成人和兒童

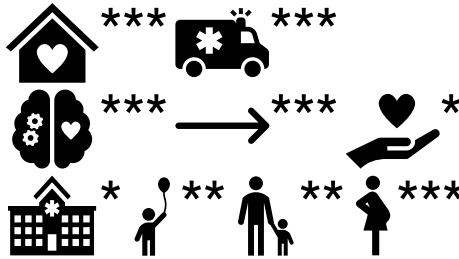
†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）






 SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619) 510-4641
 Accessibility: CONTACT PROVIDER
 Website: N/A
 ECM Population of Focus:

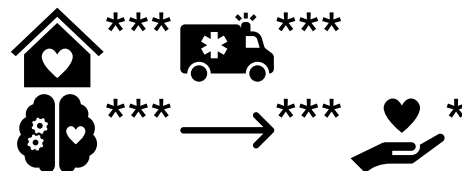


Community Supports Services:
 Asthma Remediation, Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
 Street Medicine Provider: N
 Email for New Referrals and Existing Patients:
ECM.CS@LAMAESTRA.ORG
 Phone for New Referrals and Existing Patients: (619) 510-4641
 Mailing Address: 4060

FAIRMOUNT AVE; SAN DIEGO; CA; 92105
 JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)
 JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

 4074 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619) 510-4641
 Accessibility: CONTACT PROVIDER
 Website: N/A
 ECM Population of Focus:



Community Supports Services:
 N/A
 Street Medicine Provider: N
 Email for New Referrals and Existing Patients:
ECM.CS@LAMAESTRA.ORG
 Phone for New Referrals and Existing Patients: (619) 510-4641
 Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105
 JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)
 JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS


*成人 **兒童 ***成人和兒童

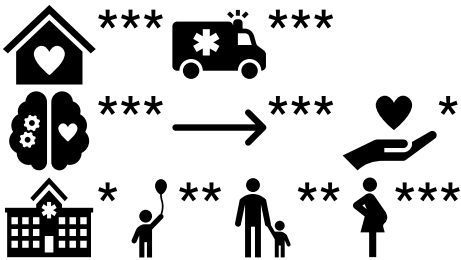
†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）






 4074 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619)
 510-4641
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 ECM Population of Focus:

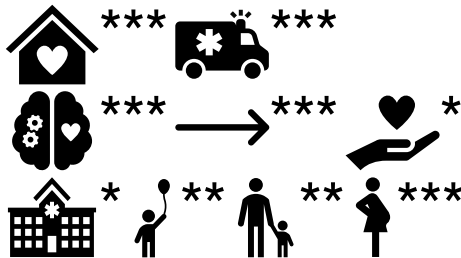


Community Supports Services:
 N/A
 Street Medicine Provider: N
 Email for New Referrals and
 Existing Patients:
 ECM.CS@LAMAESTRA.ORG
 Phone for New Referrals and
 Existing Patients: (619)
 510-4641
 Mailing Address: 4060
 FAIRMOUNT AVE;SAN
 DIEGO;CA;92105

JI ECM Provider Billing- Direct
 Contract with Correctional
 Facilities;JI ECM Provider
 Billing- FFS (PAVE Enrollment)
 JI ECM Provider
 Services-Pre-Release Services
 and Participating in Warm
 Handoffs



LA MAESTRA COMMUNITY HEALTH CENTERS

 4157 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619)
 510-4641
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 ECM Population of Focus:



Community Supports Services:
 N/A
 Street Medicine Provider: N
 Email for New Referrals and
 Existing Patients:
 ECM.CS@LAMAESTRA.ORG
 Phone for New Referrals and
 Existing Patients: (619)
 510-4641
 Mailing Address: 4060
 FAIRMOUNT AVE;SAN
 DIEGO;CA;92105
 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

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

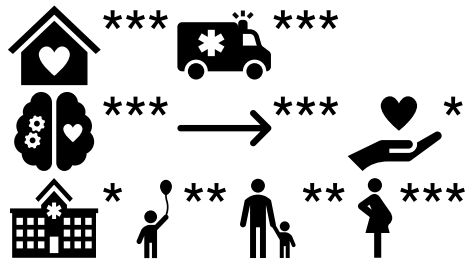
K. 其他服務提供者（社區支援、增強護理管理）

☎ *After Hours Phone: (619) 510-4641*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider

Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

📍 4167 FAIRMOUNT AVE SAN DIEGO, CA 92105

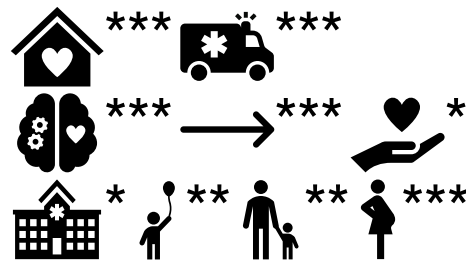
☎ *Phone: (619) 510-4641*

☎ *After Hours Phone: (619) 510-4641*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

📍 4167 FAIRMOUNT AVE SAN DIEGO, CA 92105

☎ *Phone: (619) 510-4641*

☎ *After Hours Phone: (619) 510-4641*

♿ *Accessibility: CONTACT PROVIDER*


*成人 **兒童 ***成人和兒童

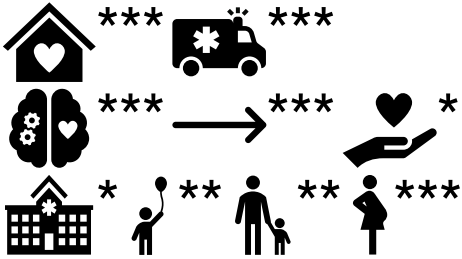
†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

 Website: N/A
ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

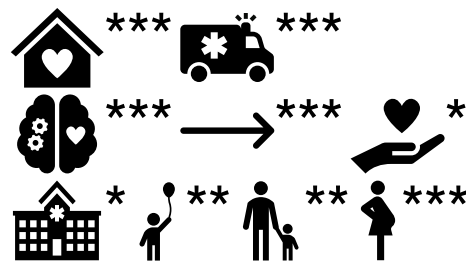
Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services

and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

 4171 FAIRMOUNT AVE SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619) 510-4641
 Accessibility: CONTACT PROVIDER
 Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

 4171 FAIRMOUNT AVE SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619) 510-4641
 Accessibility: CONTACT PROVIDER
 Website: N/A

ECM Population of Focus:

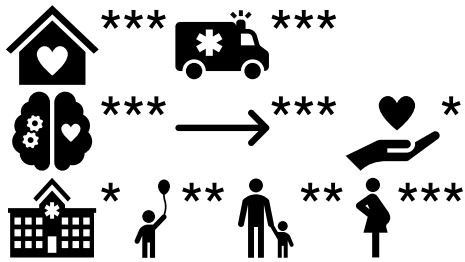
*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）



Community Supports Services:
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4187 FAIRMOUNT AVE SAN DIEGO, CA 92105

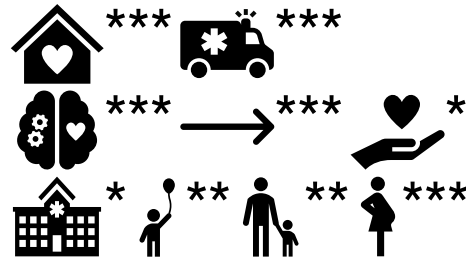
Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619)

510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4187 FAIRMOUNT AVE SAN DIEGO, CA 92105

Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



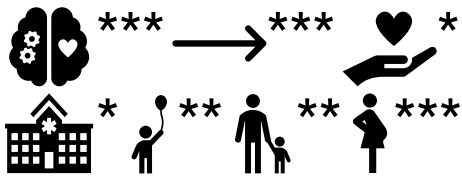
*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）



Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619)
510-4641

Mailing Address: 4060

FAIRMOUNT AVE;SAN DIEGO;CA;92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

MAMAS KITCHEN

3960 HOME AVE
SAN DIEGO, CA 92105
 Phone: (619) 233-6262
 After Hours Phone: (619)
233-6262
 Accessibility: CONTACT PROVIDER

Website: N/A
Community Supports Services:
Medically-Supportive Food/Meals/Medically Tailored Meals
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619)
233-6262

LIGHTBRIDGE HOSPICE LLC

6155 CORNERSTONE CT E STE 220
SAN DIEGO, CA 92121
 Phone: (858) 458-2992
 After Hours Phone: (858)
458-2992
 Site Language(s) Spoken: Spanish, Tagalog
 Hours: M-F 8AM-5PM
 Accessibility: CONTACT PROVIDER

Website: www.LIGHTBRIDGEHOSPICE.com

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients:

JILL@LIGHTBRIDGEHOSPICE.COM
Phone for New Referrals and Existing Patients: (858)
458-2992

SAN FERNANDO

PARTNERS IN CARE FOUNDATION

732 MOTT ST STE 150
SAN FERNANDO, CA 91340
 Phone: (747) 500-4609
 After Hours Phone: (747)
500-4609
 Accessibility: CONTACT PROVIDER
 Website: N/A
ECM Population of Focus:

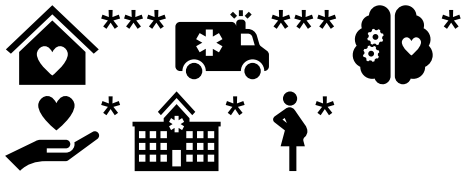
*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

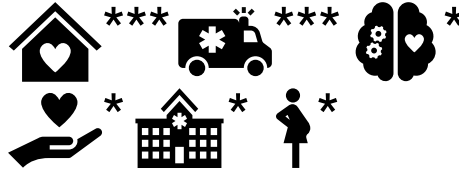


*Community Supports Services:
Housing Tenancy and
Sustaining Services, Housing
Transition Navigation
Services, Personal Care and
Homemaker Services, Respite
Services*
*Street Medicine Provider: N
Email for New Referrals and
Existing Patients:
ecm@picf.org
Phone for New Referrals and
Existing Patients: (747)
500-4609*

PARTNERS IN CARE FOUNDATION

732 MOTT ST STE 150
SAN FERNANDO, CA 91340
 Phone: (747) 500-4609
 *After Hours Phone: (747)
500-4609*
 Accessibility: CONTACT

PROVIDER
 Website: N/A
ECM Population of Focus:



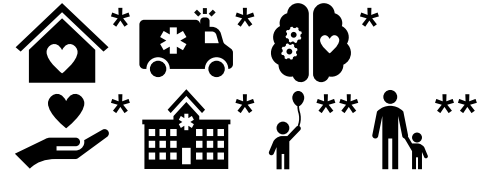
*Community Supports Services:
Housing Tenancy and
Sustaining Services, Housing
Transition Navigation
Services, Personal Care and
Homemaker Services, Respite
Services*
*Street Medicine Provider: N
Email for New Referrals and
Existing Patients:
ecm@picf.org
Phone for New Referrals and
Existing Patients: (747)
500-4609*

SAN MARCOS

MERAKEY ALLOS

334 VIA VERA CRUZ STE
204

SAN MARCOS, CA 92078
 Phone: (916) 832-4868
 *After Hours Phone: (916)
832-4868*
 *Accessibility: CONTACT
PROVIDER*
 Website: N/A
ECM Population of Focus:



*Community Supports Services:
N/A*
*Street Medicine Provider: N
Email for New Referrals and
Existing Patients:
deborah.bowyer@merakey.org
Phone for New Referrals and
Existing Patients: (916)
832-4868*

AMERICARE ADULT DAY HEALTH CARE CENTER

License Number: 060000832
 340 RANCHEROS DR STE
196

*成人 **兒童 ***成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

K. 其他服務提供者（社區支援、增強護理管理）

SAN MARCOS, CA 92069
 Phone: (760) 682-2424
 After Hours Phone: (760) 682-2424
 Site English Spoken: Y
 Accessibility: CONTACT PROVIDER
 Website: www.americareadhc.com

Cultural Competency: N
 Accepting New Patients: No
 ECM Population of Focus:



Community Supports Services: N/A
 Street Medicine Provider: N
 Email for New Referrals and Existing Patients: inashtut@americareadhc.com
 Phone for New Referrals and Existing Patients: (760) 682-2424






VAN NUYS

LIBERTANA HOME HEALTH OF SHERMAN

OAKS
 5805 SEPULVEDA BLVD STE 605
 VAN NUYS, CA 91411
 Phone: (818) 902-5000
 After Hours Phone: (818) 902-5000
 Accessibility: CONTACT PROVIDER
 Website: N/A

Community Supports Services: Community Transition Services/Nursing Facilities Transition to a Home, Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services, Nursing Facility Transition/Diversion to Assisted Living Facilities, Personal Care and Homemaker Services, Respite Services
 Street Medicine Provider: N
 Phone for New Referrals and Existing Patients: (818) 902-5000

VISTA

VISTA COMMUNITY CLINIC
 1000 VALE TERRACE DR VISTA, CA 92084
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Accessibility: CONTACT PROVIDER
 Website: N/A
 ECM Population of Focus:



Community Supports Services: N/A
 Street Medicine Provider: N
 Email for New Referrals and Existing Patients: ecmteam@vcc.org
 Phone for New Referrals and Existing Patients: (760) 631-5000

*成人 **兒童 ***成人和兒童
 †ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。
 街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法
 請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

CHULA VISTA

AFC URGENT CARE OF BONITA

NPI: 1316225147

760 OTAY LAKES RD
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Spanish

SU 8AM-5PM
M-F 8AM-8PM
SA 8AM-8PM

Accessibility: CONTACT PROVIDER

www.afcurgentcare.com/chula-vista/

Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

760 OTAY LAKES RD
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

SU 8AM-6PM
M-F 8AM-8PM
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

SAN DIEGO

AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

8260 MIRA MESA BLVD
STE A
SAN DIEGO, CA 92126

(858) 900-3550

(858) 900-3550

SU 8AM-6PM
M-F 8AM-8PM
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

5671 BALBOA AVE
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

SU 8AM-6PM

M-F 8AM-8PM

SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

8590 RIO SAN DIEGO DR
STE 111
SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

SU 8AM-6PM
M-F 8AM-8PM
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No


AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137







1740 ROSECRANS ST
SAN DIEGO, CA 92106

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

 (619) 790-7800
 (619) 790-7800
 SU 8AM-6PM
M-F 8AM-8PM
SA 8AM-6PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO







NPI: 1952995466
 1740 ROSECRANS ST
SAN DIEGO, CA 92106
 (619) 790-7800
 (619) 790-7800
 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO


NPI: 1558788620
 1740 ROSECRANS ST
SAN DIEGO, CA 92106





 (619) 790-7800
 (619) 790-7800
 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466
 8590 RIO SAN DIEGO DR
STE 111
SAN DIEGO, CA 92108
 (619) 736-4600
 (619) 736-4600
 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO


NPI: 1558788620
 8590 RIO SAN DIEGO DR
STE 111
SAN DIEGO, CA 92108

 (619) 736-4600
 (619) 736-4600
 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620
 8260 MIRA MESA BLVD
STE A
SAN DIEGO, CA 92126
 (858) 900-3550
 (858) 900-3550
 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466
 8260 MIRA MESA BLVD
STE A
SAN DIEGO, CA 92126

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




L. Blue Shield Promise 緊急護理設施




 (858) 900-3550
 (858) 900-3550
 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620
 5671 BALBOA AVE
SAN DIEGO, CA 92111
 (858) 800-2880
 (858) 800-2880
 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No








AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466
 5671 BALBOA AVE
SAN DIEGO, CA 92111
 (858) 800-2880
 (858) 800-2880

 SU-SA 8AM-8PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No







SANTEE

AFC URGENT CARE OF SAN DIEGO







NPI: 1396058137
 10538 MISSION GORGE RD
STE 100
SANTEE, CA 92071
 (619) 456-0033
 (619) 456-0033
 Arabic, Spanish
 SU 8AM-6PM
M-F 8AM-8PM
SA 8AM-6PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afcurgentcare.com/san-diego/>
Accepting New Patients: No

CHULA VISTA

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910


 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED


FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720



 SU 1PM-10PM

M-F 4PM-10PM







SA 1PM-10PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



L. Blue Shield Promise 緊急護理設施



 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**







NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**



NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM





M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**







NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**


NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720

 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**







NPI: 1669617197
 386 E H ST STE 202

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。







L. Blue Shield Promise 緊急護理設施

CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No







RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN







NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN







NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910



 (858) 966-1720

 (858) 966-1720







 SU 1PM-10PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



L. Blue Shield Promise 緊急護理設施





M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN







NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN


NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720

 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No







RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 386 E H ST STE 202

CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

ESCONDIDO

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN


NPI: 1669617197
 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
 (760) 755-7600
 (760) 755-7600
 M-F 8AM-5PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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 FNFTN

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 FNFTN

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 FNFTN

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 FNFTN


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 FNFTN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN


NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI:1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM

 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED FN D TN

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 FN D TN

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 FN D TN

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 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

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





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNFTN**

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
FNFTN**

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
FNFTN**

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
FNFTN**

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
FNFTN**

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
FNFTN**

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施


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

 N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

 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
CENTER DR STE 2
LA MESA, CA 91942





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施


 (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
 N/A
Accepting New Patients: No


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施


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

 N/A

Accepting New Patients: No


RADY CHILDRENS



SPECIALISTS SAN DIEGO MED FNDTN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

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
CENTER DR STE 2

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施





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

OCEANSIDE

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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN**






NPI: 1669617197
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

 (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
 N/A
Accepting New Patients: No



**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNFTN**

NPI: 1669617197

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

 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
SPECIALISTS SAN DIEGO MED
FN D TN**


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施

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


SAN DIEGO


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施


 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

NPI: 1669617197

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施


 *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


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

 (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**
NPI: 1669617197






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

 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
 *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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施


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


SPECIALISTS SAN DIEGO MED FNDTN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

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




 4305 UNIVERSITY AVE STE
150

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供
者目錄中的資訊可能會更改。


L. Blue Shield Promise 緊急護理設施





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
 (619) 280-2905
 (619) 280-2905
 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

 N/A


Accepting New Patients: No


**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

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
FN D TN**

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
FN D TN**

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
FN D TN**

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
FN D TN**

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
FN D TN**

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

RCH MID CITY URGENT CARE


NPI: 1710065933


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

L. Blue Shield Promise 緊急護理設施

 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


SOUTHBAY URGENT CARE INC


NPI: 1558746750

 1628 PALM AVE

SAN DIEGO, CA 92154

 (619) 591-9999

 (619) 591-9999

 Spanish, Vietnamese

 SU 10AM-6PM

M-F 9AM-8PM

SA 10AM-6PM

 *Accessibility:* CONTACT
PROVIDER

 [https://www.southbayurgen
tcare.com/](https://www.southbayurgentcare.com/)

Accepting New Patients: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

M. 初級保健指數

2	AL-TAMEEMI, AHMED..... 375	AMOS, MARIA..... 1110
2-1-1 SAN DIEGO..... 1732	ALAGIRI, MADHU..... 1328	AMREEN HOME..... 1497
24HR HOMECARE LLC..... 1722	ALANI, ANAS..... 1103	ANAND, GOBIND..... 882, 1176, 1177
A	ALANIZ, MATEO..... 327	ANDAYA, MIKHAEL..... 439
ABDALLAH, ALI..... 517	ALASSIL, SALLY..... 555	ANDER, AZIZ..... 1437
ABDULRAHIM, AHMED..... 310	ALBINO, NICHOLAS..... 597	ANDERSON, ELAINE.727, 766, 805, 997, 1182, 1183
ABELHAD, NADIA..... 1451	ALBORZIAN, SHERVIN..... 387	ANDERSON, KENDELL..... 556
ABELL, GEOFFREY..... 596	ALBRIGHT, KELSEY..... 950, 1341	ANDERSON, MANDY..... 684
ABERCROMBIE, SHERI..... 1354, 1549	ALDANA, NANCY..... 409	ANDREE, GREGOR..... 597, 1328, 1329
ABRAMSON, RACHEL..... 596	ALDOUS, JEANNETTE.556, 678, 1188, 1446	ANDREWS, BRAD..... 1063
ACCESS TO INDEPENDENCE..... 1492	ALEXANDER, BRENTON..... 842, 1095	ANDREWS, JOHN..... 556
ACEVEDO, SUSANA..... 689	ALFONSO, ALVIN..... 864, 1145	ANDRY, JAMES..... 758, 760, 988, 1412
ACKROYD, ARCHIE..... 1681	ALGHAMDI, ASMA..... 368, 439, 663	ANWAR, YASMIN..... 1035, 1450
ACOSTA, AZUCENA... 1535, 1536, 1585	ALGHURAIBI, OHOUD..... 826	ANZA HOUSE..... 1497
ADAMI, REBECCA..... 998, 1206	ALGRA, JEFFREY..... 1033, 1339	AOTO, KIM.713, 768, 791, 816, 922, 1003, 1046, 1260, 1261, 1594, 1606, 1613, 1646, 1667, 1682
ADAMS, LAURA..... 981, 1400	ALIMONOS, LYSISTRATI.341, 382, 430, 573, 574, 575, 699	APPLEGET, JOSEPH..... 1145
ADAMS, MONA..... 1613, 1620, 1681	ALKATIB, RHONDA..... 1285	APRIL, MONIQUE..... 1053, 1452, 1453
ADJAN, ROULA..... 389, 596	ALLEN, ELIZABETH..... 944, 1281	AQUINO, FELINO..... 435, 484
AFC URGENT CARE OF BONITA. 1744	ALLEN, KATHERINE..... 428	ARAIZA, ERNESTINA..... 770, 1507
AFC URGENT CARE OF SAN DIEGO. 1744, 1745, 1746	ALLERS, JENNA..... 950	ARBOR HILLS NURSING CENTER. 1489
AGHILI, ROXANA..744, 819, 1076, 1294	ALLSUP, VICTORIA..... 1328	ARCE GOMEZ, LAURA..... 328
AGING & INDEPENDENCE SERVICES..... 1503	ALOTAIBI, MONA..... 899	ARCHAMBAULT, CHRISTIAN..... 598
AGNIHOTRI, PARAG..... 1203	ALSHEIKH, HUDA..... 422, 423	ARCHIBALD, JOHN..... 1631, 1682
AGUERO, AMETHYST..... 407	ALSTEEN, STEPHANIE..... 1109	ARELLANO, JACQUELINE.778, 849, 850, 1106, 1107
AGUERO, PETER..... 1388	ALTAMIRANO, LEON..... 1440, 1579	ARIELLA, LYNDA..... 1441, 1579
AGUEY, OMAR..... 706	ALVARADO HOSPITAL LLC..... 1478	ARLATA, TAMANTHA..... 697
AGUILA, YESENIA..... 1109	ALVARADO, EDMUND..... 617	ARLINGHAUS, RENE..... 1512
AGUILAR, EDITA..... 408, 409	ALVAREZ-ESTRADA, MIGUEL.517, 663, 664, 1169, 1443	ARMANI, AVA..... 799, 982, 1401, 1475
AGYEMANG, ALBERTA..... 851	ALWAHAB, AREEJ..... 389	ARMEEN, GARY..... 950, 1341
AHMAD, AAKIF..... 514	ALWASH, MUSTAFA..... 376	ARMENTA, JORGE..... 393, 451, 617
AINSWORTH, DELISSA..... 949, 1341	ALYAS, ALISIA..... 393	ARNOLD, REBECCA..... 1508
AISAGBONHI, OMONIGHO..... 944	AMANAT, SOROOSH..... 328	AROCHO-SALGADO, MIRELIS.757, 831, 1395
AKASHI, MARC..... 347	AMANN, CHRISTOPHER.776, 869, 1157	ARONLEE, TRACY..... 1549, 1550
AKONG, KATHRYN..... 1323	AMARAL, MARGARET..... 917	ARRIETA, IRIS..... 1467
AKRAMI, KEVAN..... 775	AMAYA SPRINGS HEALTH CARE CENTER..... 1496	ARRIETA, NOEMI..... 400, 664, 1443
AL ANI, NAJWAN..... 368	AMAYA, RICARDO..... 358	ARROYO VISTA NURSING CTR. ... 1493
AL KHIAMI, BELAL..... 900, 1015	AMBO, STANLEY..... 708	ARTS, SERENA..... 484
AL NAHLAWI, BASMA..... 1442, 1474	AMBROSE, CHRISTOPHER.... 717, 1474	ARUTYUNOV, BORIS..... 1191
AL-DAHHAN, ZAID..... 810	AMERICARE ADULT DAY HEALTH CARE CENTER..... 1502, 1743	ARVIZU, MARGARITA..... 1110
AL-MSHHDANI, AYSER..... 573	AMIRNOVIN, RAMBOD..... 1295	
AL-NOURI, OMAR..... 982, 1401, 1408		

M. 初級保健指數

ARVIZU, PALOMA.....	428	BALIKIAN, PHILIP.....	1092, 1093	BELL, JENNIFER.....	1536, 1537, 1586
ASIMAKOPOULOS, FOTIOS.....	885	BALL, SHELDON.....	1191, 1192	BELL, TRACY.....	1169
ASIS, STEPHANIE.....	1606, 1620, 1646	BALLARD, BROOKE.....	1008, 1413	BELLA VISTA HEALTH CENTER..	1490
ASKAR, MINA.....	556	BALLAS, JERASIMOS.....	783, 902	BELLINGHAUSEN, AMY.....	870, 1159
ASLIAN, AZITA.....	448, 1045, 1238	BALTRUS, JUSTINE ANN.....	1582	BELLO, OSAGIE.....	554
ASSADIAN, MEHRAK.....	509	BAMFORD, LAURA.....	1188	BELLOMO, THOMAS.....	820, 996, 1077, 1295
ASSELIN, LYNETTE.....	709	BANGS, SASHA.....	452	BELTRON, KIMBERLY.....	485
ATIENZA, PAMELA.....	347	BANKS, SARAH.....	1355, 1550	BELVERUD, SHAWN.....	1410
ATIGA, SCHUBERT.....	739	BANSAL, PREETI.....	789, 813, 1020, 1069, 1251, 1614, 1621, 1682	BEN-HAIM, SHARONA..	718, 986, 1410
ATMAR, AKMAL.....	1047	BARBA, ARNEL.....	1145	BENARD, ROBERT.....	1111
AUSTIN, ANDREA.....	869, 1157	BARBA, DAVID.....	778, 985, 1410	BENCH, SHAWN.....	1402
AUSTIN-PAGE, LUKAS.....	1295	BARBADILLO, FERDINAND.....	348, 689, 690	BENITEZ, MARTHA.....	556, 557
AVALLONE, THOMAS.....	1646	BARBADILLO, TERESITA.....	449	BERGEN, SOPHEA.....	1341
AVIARA HEALTHCARE CENTER..	1486	BARLEBEN, ANDREW.....	983, 984, 1409	BERGERON, PATRICK.....	975, 1389
AVILA, MICHAEL.....	401	BARMAN, PRANAB.....	889, 1185	BERGGREN, ERICA.....	684
AVOCADO POST ACUTE.....	1484	BARNES, RYAN.....	1401, 1402	BERGMARK, JAMIE.....	1621, 1683
AWDISHO, ALAN.....	376, 766	BARRON, KAVITA.....	1551	BERMAN, ZACHARY.....	967, 1370
AWDYKOVYCH, MARTA.....	598	BARRY, JEFFREY.....	870, 1158	BERNABE, NARAE.....	1513
AYELE, MAHOGANY.....	1453	BARTZ, BRYAN.....	1389	BERNADETT, ALEX.....	1170
AYON MARTINEZ, CARLOS.....	705	BASS, GURGIANA.....	1355, 1356, 1551	BERNARDO, RACHELLE.....	654, 655
AYSON, NICOLE.....	598	BATISTA, OSVALDO.....	617	BERNETICH, MEGHAN.....	1454
AZIMI, AYSUN.....	599	BAUM, PETER.....	315, 664, 714	BERUMEN, JENNIFER.....	1403
B					
BACHARACH, REBECCA.....	518, 698	BAUMAN, LAURA.....	1177	BESTERFELDT, LYDIA.....	485
BAEK, KILHYO.....	452, 453	BAUMANN, DANIELA.....	1594, 1607, 1614, 1621, 1634, 1647, 1667, 1683	BEVINS, ELIZABETH.....	909, 1227
BAEZ, BEATRICE.....	439	BAUTISTA, JENNIFER.....	797, 798, 1474	BHAGAN, SHANNA.....	617, 618
BAGBY, JESSICA.....	773, 869, 870, 1158	BAUTISTA, LUIS.....	311, 520	BHATIA, SHAGUN.....	790, 813, 1021, 1069, 1252, 1614, 1622, 1684
BAGHOUMIAN, MARINEH.....	1647	BAXTER, SALLY.....	919, 1251, 1252	BHATTACHARJEE, RAKESH.....	1323, 1324
BAGINGITO, AUSTIN.....	369, 518	BAYAT, HAMED.....	806, 1088	BIALOSTOZKY, MARIO.....	1296
BAHRAMZI, MARIA.....	519	BAYLIS, CHRISTOPHER.....	865, 1145	BICKLER, STEPHEN.....	1419
BAI-TONG, SHIYU.....	785, 904, 1214	BAYLON, ALDO.....	751, 1505	BIFFL, SUSAN.....	1033, 1339
BAILEY, JACOB.....	966, 1365	BEAUCHAMP-WALTERS, JULIA.....	1329	BILLINGTON, KATHERINE.....	1146
BAILIS, JESSICA.....	961, 1524	BEAUDRY, AMANDA.....	1621, 1683	BILOTTA, NATALIE.....	1111
BAILONY, AHMAD.....	449	BEAUMONT, THOMAS.....	985	BINDER, NICHOLAS.....	1594, 1607, 1622, 1647, 1668, 1684
BAILONY, MOHAMMED.....	448	BEAZER, ALEX.....	919, 1252	BINDER, PRATIBHA.....	788, 911, 1020, 1069, 1467
BAIN, NATALIE.....	519	BECERRA SONGOLO, TOSHA.....	842, 1096	BINETTE, DONYA.....	453, 635, 636, 1054
BAISLEY, SHAWN.....	313, 413	BECERRA, GABRIEL.....	1512	BIRCH PATRICK CONV CTR.....	1483
BAKER, TANYA.....	1110	BEDROSIAN, DIANE.....	709	BISHOP, MELISSA.....	520
BALBOA NEPHROLOGY MED GRP INC,.....	1226	BEGOVIC, ADNAN.....	776, 1014, 1200	BLACK, NICHOLAS.....	870
BALBOA NURSING AND REHAB CTR.	1493	BELANGER, TANYA.....	640, 1433	BLAKE, GARY.....	575, 1238
BALDONADO, ANALICIA.....	357	BELEN, NEZER.....	360, 485	BLAND, JACELIS.....	1084, 1430
BALDWIN, ANDREA.....	1053	BELINSKY, MARIA.....	1512, 1513	BLASKIEWICZ, DONALD.....	718, 986
BALDWIN, DONNA.....	481				

M. 初級保健指數

BLISS, MORGAN.792, 817, 1022, 1075, 1264	BROUDY, ABRAHAM.....348	CALANDRA, JOAN..... 1010
BLOCKER, NIRIT.....631	BROWN, BRANDON..... 369, 521	CALDERON, JORGE.....677
BLUM, RICHARD.....483	BROWN, DARCIÉ.....1552	CALHOUN, CHANELLE..... 472
BOCK, MATTHEW.....1287	BROWN, VICTORIA..... 1111	CALIFANO, JOSEPH.....925, 926, 1265
BODIFORD, SAMANTHA.....520	BROWNLOW, ROY.773, 800, 1052, 1085	CALLAGHAN, KATHRYN.....1552
BOECK, CARL.....1684	BRUBAKER, ALEAH.....1404	CALLAWAY, MALLORY.....1387
BOEING, KRISTINA.....1146	BRUECKNER, TAMMIE..... 951, 1342	CAMACHO, BENJAMIN.....1042
BOHR, CHRISTINA..... 557	BRUHN, JOSHUA..... 369	CAMARGO-LOWTHERS, ANGELICA.....1112, 1113
BOND, KIMBERLEE.....1250	BRUMUND, KEVIN.....924, 925, 1264	CAMERON, MELISSA.....823, 1329
BONSU, BEMA..... 449, 599	BRUNETTO, HEIDI.....1010, 1534	CAMP, ANDREW.....1253
BOOTH, CHRISTOPHER.....961, 1524	BRUNO, KELLY..... 842, 1096	CAMPA, PATRICIA.....771
BORDIN-WOSK, TALYA.....892, 1192	BRYL, AMY.....1296	CAMPBELL, BRIANNA..439, 522, 1170
BOROK, ZEA..... 899, 1201	BUCKNER, JOSEPH..... 694	CAMPBELL, SARA.....1296
BORQUEZ, ALEJANDRO.....1024, 1288	BUECHNER, CHARLENE.341, 382, 431, 575, 576, 577, 700	CAMPBELL, TANNER.....1414
BORRAJERO, OBEL..... 837	BUENROSTRO, CHRISTINA.....852, 1111	CAMPOS, MELISSA.....328, 665
BORREGO MEDICAL CLINIC..... 22, 23	BUI, ANH.....1112	CAMPOS, PRISCILLA..... 522
BORREGO MEDICAL CLINIC,.....314	BUI, CHRISTOPHER.....1413	CANLAS, AVELINO..... 440
BORSAN, COSMIN..... 664	BUI, JACK.....945, 1281, 1282	CANO, SARAH.....1096
BORTNER, ADAM.....520, 521	BUI, JONATHAN.....786, 1228	CANTU, ALICIA.....1330
BOSTON, LAURA..... 325, 509	BUI, MAI.....1152	CANTU-REYNA, GUILLERMO.448, 571
BOULDER CREEK POST ACUTE.1492	BUI, TINA.....1648	CAO, STEPHANIE.....1685
BOUTELLE, AMY.....851	BUKATA, SUSAN..... 988, 1413	CAPETANAKIS, ELENI.....348
BOUTELLE, KERRI..... 962, 1524, 1525	BULLOCH, EDGAR..... 382, 422	CAPOZZI, JENNIFER..... 852, 1113
BOYD, LISA..... 950, 1342	BULLUM, ANTHONY.....836, 1011	CARAPIA, FABIOLA.....721
BOYS, JOSHUA.....992	BULOW, KWI.....1445	CARDINELL, ANNA.....779, 1454
BRADY, KATELYN..... 852	BUNOSKY, ABIGAIL....975, 1389, 1390	CARDONES, ARTHUR.....698
BRADY, PATRICIA..... 521	BURGAMY, ELIZABETH.....319	CARE MERIDIAN LA MESA.....1489
BRANCH, CODY..... 968, 1370	BURNS, DELLA.....485	CARLO HOUSE.....1496
BRANNEN, MANDY.....762	BURROWS, TERENCE..... 865, 1146	CARLTON-PENN, CORNELIA.827, 1514
BRAVERMAN, IRA.....446	BURROWS, WILLIAM.....514	CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR.....1493
BRAYTENBAH, MELANIE.....720, 721	BURTON, LUCAS.....522	CARMONA, RUBEN.....752, 1007, 1367
BRAZIER, SETH.....749, 1090	BUSH, KELLY.....1318	CARNEY, AMY.....399
BREEDLOVE, AMANDA.....1551	BUTLER, KIM.....1607	CARPENTER III, ROBERT.....376, 678
BRIED, JAMES.....1093		CARR, MIANDA.....684, 685
BRIGGS, BENJAMIN.....1318	C	CARRA, BARBARA.....1430
BRIGHTON PLACE SAN DIEGO...1493	CABADING, DOREEN.....360	CARRERA, JORGE.....407
BRIGHTON PLACE SPRING VALLEY.....1496	CABALLERO, JAMES.....510	CARRIEDO-CENICEROS, MARIA.440, 523, 665
BRION, SONJA.....397	CABARLO, JEHRIB.....599, 690	CARRILLO, MARITZA.....327, 514, 725
BRIONES COLMAN, FELICIA.....557	CABRAL, ALEJANDRA.....1431	CARRION GELABERT, ANA.....722
BRODERICK, RYAN.....1403	CABREJOS, CLAUDIO.....1580	CARROLL, JEANNE.....1215
BRODSKY, MARK.....521	CABRERA, MICHELLE.....1438	CARSON, LATISA.....685
BROMAN, GRETCHEN.....454, 455	CAGE, DORI.....1409	
BROOME, HELEN.....945, 1281	CAINE, SAMUEL..749, 750, 1006, 1048	
	CALAME, ANTOANELLA.....1154	

M. 初級保健指數

CARSON, STEPHEN.....599	CHALMERS, VIRGINIA.....1537	CHESHER, NICHOLAS.962, 1356, 1525, 1553
CARSWELL, AIMEE.....968, 1371	CHAMBERS, KATRINA.....779	CHEW, WESLEY.....1648
CARTER, CAITLIN.....1322	CHAN, ANDY.....557	CHEWNING, RUSH.....1372
CARTER, KHALIL.342, 382, 431, 577, 578, 579, 700	CHAN, KWOK FUNG.....1600, 1607	CHIARAPPA, FRANK.....988, 1414
CARTER, NATASHA.....514	CHAN, TIFFANY.....618	CHIEN, PEI.....975, 976
CARVALHO, DANIELA.1022, 1265, 1266	CHANDRADAS, SAJIV.....558	CHILAKA, SAMUEL.455, 1054, 1055, 1454, 1455
CASA PACIFICA ADHCC.....1502	CHANG, AMY.....515	CHILDERS, DIANA.....890, 1186
CASEY, SHANNON.....770, 1508	CHANG, JOHANNA.....795, 1327	CHISHOLM, KAREN.....1600
CASILLAS BERUMEN, SERGIO.758, 831, 1404, 1405	CHANG, TOM.....1614, 1622, 1648	CHISWICK, GARY.....322, 478, 482, 655
CASTANER, ZALYA.....401, 705	CHANTALA, ELIZABETH.....1113	CHITKARA, PUJA.....757
CASTELLANO, TIFFANY.871, 1159, 1160	CHAPIN, DENISE.....322	CHIU, STEPHAN.....1615, 1635, 1649
CASTELLANOS, JOEL.....848, 1102	CHARP, KENNETH.....395	CHOATE, BERNADETTE.....1114
CASTELLANOS, LUIS.....1103, 1104	CHASE AVENUE FAMILY HEALTH CTRS INC.....64, 65, 66	CHOI, JIHOON.....989, 1415
CASTELNOVI, CLAUDIA.....600	CHASE AVENUE FAMILY HEALTH CTRS INC,.....374	CHOI, NATHALIE.....867, 1148, 1149
CASTILLEJOS, DAVID.....1599	CHASE, AVA LOU.....486	CHONG, AMY.....1330
CASTILLEJOS, MARIA.....1600	CHATFIELD, ALEXANDRA...824, 1090	CHOO, SUN.....1077, 1297, 1318
CASTILLO, PATRICIA.....618, 1342	CHAU, PETER.....1288	CHOU, BILL.....523
CASTILLO, STEPHANIE.....665	CHAU, VIVIAN.....1622	CHOW, BYRON.....409
CASTILLO, TIFFANY.....1514	CHAUSSE CASTRO, EKATERINA..660	CHOW, MAN HUNG.....679
CASTLE MANOR NURSING AND REHABILITATION CTR.....1490	CHAVARRIA, JESSICA.....631	CHRISTENSEN, PATTI.....1514
CASTLEBERRY, DANI.....1504, 1505	CHAVEZ SANTOS, MARIA.....715	CHRISTIANSON, WARREN.1537, 1538, 1586, 1587
CASTRO, JORGE.....709	CHAVEZ, ALEXANDRIA.....1114	CHRISTIE, PATRICIA.....836
CAUCHI, CAROLINE GUERRERO.....1648	CHEATHAM, BRITTANY.....1114	CHRISTY, TYLER..456, 1055, 1455, 1456
CEBALLOS, JACQUELINE.....1552	CHELVAKUMAR, GAYATHRI.....1094	CHU, CHRISTOPHER.794, 823, 1031, 1080, 1316
CELAYA, PATRICIA.....751, 1505	CHEN, ALICE.871, 880, 881, 1160, 1170, 1171	CHUDACEK, JANET.....762
CELESTIN-RAMSEY, AKANKE.....485	CHEN, ANDREW.....805, 1087	CHULA VISTA FAMILY HLTH CTR.43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54
CELESTINO, MISHEL.....1440	CHEN, EILEEN.....600	CHULA VISTA FAMILY HLTH CTR, .338
CELIZ, ADRIANA.....660	CHEN, JAMES.....558	CHULA VISTA PEDIATRICS.....27
CENTRO MEDICO EL CAJON.66, 67, 68, 69	CHEN, JENNIFER.....600	CHUN, HYUN.....523
CENTRO MEDICO EL CAJON, .....374	CHEN, KENNETH.....1014, 1476	CHWA, JEFFREY.....757
CENTRO MEDICO ESCONDIDO, .406	CHEN, LESLIE.....1686	CIDAMBI, EMILY.....1083, 1415
CERNELC-KOHAN, MATEJKA.794, 1324	CHEN, MARGARET.....408	CIOBANU, COSMINA.....1553
CEVALLOS, JAMES.....440, 665	CHEN, TONY.....1426	CISZEK, ALEXANDRA.....1055
CHA, DANIEL.....1599	CHEN, TSUH-YIN.....339, 678	CLARK, MELISSA.....757, 831, 1396
CHAIN, PEI CHI.....740, 1685	CHEN, YU-WEI.....886, 1183	CLARY, BRYAN.....982
CHAIT LLAMAS, LWBBA.....690	CHENG, BRANDON.....753, 838, 1049	CLAY, CORRIE.....423, 1005
CHAKRABARTI, PRIYA.342, 383, 431, 579, 580, 700	CHENG, GEORGE.....893, 1192	CLEMENT, LUIS.....1356, 1554
	CHENG, KAREN.....968, 1371, 1372	CLEMENTINO, NANCY.....398
	CHENG, YU-TSUN.....1037, 1414	COBB, DAMON.....1089
	CHERRY, REENA.....951	
	CHERY, FARAH.....329	

M. 初級保健指數

COBIAN, VANESSA.....	401	COUNTRY MANOR LA MESA	DAVIDSON III, JOHN.....	750, 1048
COCKERHAM, KIMBERLY..	1604, 1649	HEALTHCARE CENTER.....	DAVIES, SUMMER.....	853, 854, 1116
CODEN, DANIEL.....	1635	COX, VICTORIA.....	DAVIS, CHARLES.....	666
COFFEY, CHARLES.....	926, 927, 1266	COYNE, CHRISTOPHER.....	DAVIS, CHRISTOPHER. 818, 1025, 1288	
COHEN, CARA.....	409	CRAFT, KEVIN.....	DAVIS, DEIRDRE.....	525
COHEN, MANSOUR.....	1238	CRANDAL, BRENT.....	DAVIS, JADE.....	1687
COLEMAN, BROOKE.....	1632, 1686	CRAWFORD, ELWARD.....	DAVIS, JANET.....	1116
COLEMAN, LORI..	752, 830, 1007, 1368	CRAWFORD, KAYVA.....	DAVIS, KELLE..	715, 728, 760, 766, 1183
COLEMAN, PAGE.....	1115	CRAWFORD-DAY, ANN.....	DAVIS, MORGAN.....	595
COLLINS, CATHLEEN.	1024, 1285, 1286	CRAYCHEE, LEO.....	DAY, CHRISTOPHER.....	450
COLLINS, RESENIA.....	918	CRIFE, TAYLOR.....	DE CASTRO, SHARLENE JOYCE. 1038	
COLLINS, WILLIAM.....	524	CRISOL, CAROLINE.....	DE DIOS, SARAH JANE..	722, 854, 1116
COMUNALE, RODERICK.....	1044	CROSS, JOHN.....	DE LA ROSA, JOSE.....	679
CONCORS, ANDREW.....	631	CRUZ RODRIGUEZ, JOSE... 900, 1203	DE MIK, TRAVIS. 342, 383, 431, 580,	
CONE, STEPHANIE.....	389, 449, 601	CRUZ, GUADALUPE.....	581, 701	
CONNER, PAMELA.....	852, 853, 1115	CRUZ, MICHAEL.....	DEACON, CASSIE.....	1554, 1555
CONNOR, CAROLINE.....	853, 1115	CRUZ, VANESSA.....	DEAN, MOENA. 1595, 1608, 1615, 1635,	
CONNOR, JEFFREY.....	1632	CSAPOCZI, PETER.....	1650, 1668, 1687	
CONRAD, HEATHER.....	1297	CUMMINGS, GEORGE... 359, 396, 632	DECONDE, ADAM.....	927, 928, 1267
CONRAD, RANDALL.....	1649	CUMMINS, ANDREW.....	DEIS, CRISTINA.....	726
CONSTANTINO, STEPHANIE.....	699	CUNNINGHAM, ISIS.....	DEISS, ROBERT.....	1188
CONTAG, ALEC.....	725	CUNNINGHAM, STEPHANIE.....	DEL VECCHIO, MEGAN.....	1117
CONTRERAS, LORETTA.....	618	CURET, ZULMA.....	DELCAMPOCASANELLES, MIGUEL.	
COOK, SHERYL.....	1082, 1539	CURLEY, EDWARD.....	.....	1182
COOKISH, DAVID.....	951	CURRAN, BRIAN.....	DELCORE, LAURA. 788, 911, 1239, 1240	
COOPER, MICHAEL.....	1632, 1686	CURTIS, MEGAN.....	DELRE, AMANDA.....	417
CORDES, WILLIAM.....	601	CYMBALUK, ANNA.....	DELRE, ANGELO.....	1298
CORDOBA, MIGUEL.....	349	CZYPULL, MONICA.....	DELROSARIO, GELEN.....	1045
CORMAN, DANIEL.....	369, 524		DELROSARIO, PAMELA.....	905, 1215
CORONADO, MYRNA.....	315, 666	D	DEMASCO, MICHAEL.....	952
CORRY, ANDREA.....	367	DAHMS, ERIC.....	DEMLINGER, GLENN.....	1718
CORTEZ, AARON.....	1390	DAHMS, MADELYNN.....	DEMOOR, PATRICIA.....	952
CORTEZ, JAIME.....	1463	DAIRO, BRANDON. 719, 801, 1052, 1102	DENTICO-OLIN, MARC.....	1263, 1264
CORVINI, NICOLAS.....	824	DALAL, PRITHA.....	DEPAOLO, AMANDA.....	1582
CORY, ALLISON.....	456, 457, 1456	DALUGDUGAN, ESTHER.....	DERISSI, DANA.....	1342
COSINO, ANJELICA.....	1116	DAMANI, SAMIR.....	DEUTSCH, KAREN.....	1117
COSTELLO, MARK.....	1390	DANESHMAND, SHAHRAM. 685, 686	DEVERA, GEMMIE.....	745, 1026, 1298
COTTONWOOD CANYON		DANG, ERIC.....	DHARKAR-SURBER, SAPNA. 436, 486	
HEALTHCARE CENTER.....	1484	DANG, KAYLEE.....	DIAMOND NEIGHBORHOODS	
COUGHLIN, DAVID.....	909, 1228, 1229	DANIELS, SARAH.....	FAMILY HLTH CTRS INC. 206, 207,	
COULLAHAN, JESSICA.....	410	DAO, MARC.....	208, 211, 212, 213, 216, 217, 218, 220, 221,	
COUNTRY HILLS HEALTH CARE		DAPPEN, AMANDA.....	222, 224, 225, 228, 229, 230, 231	
CENTER.....	1484	DASCENZO, EMILY.....	DIAMOND NEIGHBORHOODS	
COUNTRY HILLS POST ACUTE... 1484		DASGUPTA, DEBORSHI.....	FAMILY HLTH CTRS INC,	545
		DAVE, SHRAVAN.....	DIAZ, JAENAI.....	1555
		DAVID, MARVIC.....		619

M. 初級保健指數

DIEP, KEVIN.....	559	DRAME, SALWA.....	619	ESCONDIDO FAMILY HEALTH CENTER,	406
DILLMAN, ARIANA.....	723	DRIEBE, AMY.788, 789, 911, 912, 1240, 1241		ESKANDER, RAMEZ.782, 885, 1064, 1464	
DILLON, BENEDICT.....	679	DRISCOLL, KARRIE.....	855, 1118	ESPINOSA-SILVA, YAMINAH.463, 464, 707	
DILLON, MAYRA.....	441	DRISCOLL, SUSAN.361, 1038, 1039, 1118		ESTAVILLO, SAUL.....	1556, 1557
DIMAIRA, FRANCESCA.....	854	DROKER, BRIAN.....	715	ESTRADA PATINO, ANGELA..	827, 1515
DING, HILDA.....	1319	DSOUZA, NICOLE.....	1556	ESTRADA, JOHANNA.....	667
DINH, MY.....	686, 1447	DUARTE, KRISTEN.....	963, 1526	EVERETT, ELIZABETH.413, 414, 457, 458	
DIOKNO, RHODA.....	1356, 1555	DUARTE, ZULMA.....	1094	EXODUS RECOVERY INC.	1726, 1728
DIXIT, SHUBHAM.....	559	DUBE, BIANCA.....	311		
DIXON, SARAH.....	601	DUMMER, KIRSTEN.....	1025, 1289	F	
DJEKIC, KRISTINA.....	893, 1192	DUNN-PIRIO, ANASTASIE. .	1229, 1556	FABELLA, GABRIEL.....	560
DO, ELAINE.....	486	DUONG, CHERYL.....	1632, 1687	FADARE, OLUWOLE.....	942, 1280
DO, HULBERT.....	1435, 1452	DUONG, KIM.....	1623, 1688	FAIRBANKS, TIMOTHY.799, 1036, 1084, 1405	
DO, STEPHANIE.....	1026, 1298	DUONG, MAI.....	376	FALLBROOK FAMILY HLTH CTR...100	
DO, THOMAS.....	1289	DURNAN, CASSANDRA.758, 831, 1396, 1397		FALLBROOK FAMILY HLTH CTR, ..	416
DOAN STEPHENS, CRYSTAL.554, 1330, 1331		DUSTIN, ADAM.....	797	FALLBROOK SKILLED NURSING.....	1488
DOAN, ANGELA.....	1118	DWYER, ERIN.....	779, 1119	FAMBRO, CYNTHIA.....	525
DOAN, CHINH.....	481	DY, DIANE.....	329	FAMILY HEALTH CENTERS OF SAN DIEGO.....	1731, 1732
DOCKERY, LEE.....	1515	DYER, SHARON.1595, 1608, 1615, 1635, 1650, 1668, 1669, 1688		FAMILY HEALTH CTR IBARRA.232, 233, 234, 235	
DODGE, JOHN.....	560			FAMILY HEALTH CTR IBARRA,	546
DOKICH, SRETENKA.....	418	E		FAMILY HEALTH CTR OF SD- ELM ST,	546
DOLLAND, STEVEN.....	865, 1146	ECLARINO, GALELEO.....	1119	FAMILY HEALTH CTR OF SDELM ST.....	235
DOLNAK, DOUGLAS.....	1555	EDMONDS, ERIC.....	832, 1415, 1416	FAMILY HEALTH CTR SAN DIEGO-OAK PARK.....	225, 226, 235
DOMINGUEZ, DENNIS.....	370	EICHEN, DAWN....	963, 964, 1526, 1527	FAMILY HEALTH CTR SAN DIEGO-OAK PARK,	546
DOMINGUEZ, FERNANDO.....	560	EICHENFIELD, DAWN.....	1293, 1294	FAMILY HEALTH CTR SD NATIONAL CITY.....	120, 121
DON, MICHELLE.....	945, 946	EINSTEIN, ERIC.....	723	FAMILY HEALTH CTR SD NATIONAL CITY,	445
DONALDSON, CHADWICK.....	716	EISENSTEIN, SAMUEL.....	1398	FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL.226, 227, 228, 236	
DONG, TAMMY.....	349	EKANAYAKE, PREETHIKA.....	1166	FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,	547
DONOFRIO-ODMANN, JOY.....	1298	EKHOLM, JANNA.....	1149		
DORINGO, ELAINIE.....	349	EKPENYONG, ATIM.....	1299		
DORN, TIA.....	429	EL CAJON ADHC.....	1500		
DORUELO, ASHLEY.342, 383, 432, 581, 582, 701		ELKIND, JAE.....	946		
DORWART, ELIZABETH.....	1299	ELLEDGE, LINDSAY.....	1527		
DOSCAS, MICHELLE.....	525	ELSAIED, MOHAMMED.....	329, 330		
DOSHI, AMI.....	1331	ELSTER, JENNIFER.....	1319		
DOSHI, NEELIMA.....	410, 411	EMERUWA, UKACHI....	902, 1206, 1207		
DOSS, KATIE.....	1555, 1556	EMPIE, KRISTEN.....	423, 424		
DOUGHERTY, CHRISTINE...1540, 1589		ENCINITAS NURSING AND REHAB CTR.....	1486		
DOVE, KATHERINE.....	1229	ERICKSON, LISA.....	1119		
DOWNTOWN FAMILY CTR AT CONNECTIONS.....	231, 232	ESCONDIDO CARE CENTER.....	1487		
DOWNTOWN FAMILY CTR AT CONNECTIONS,	546				

M. 初級保健指數

FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,	547	FISH, STEVEN.....	1615, 1623, 1669	FULL CIRCLE HEALTH NETWORK.....	1729
FAMILY HLTH CTR SAN DIEGO-BEACH AREA.236, 237, 238, 239, 240, 241, 242, 243, 244		FISHER, JAY.....	1299	FUNARI, CHRISTOPHER.....	824
FAMILY HLTH CTR SAN DIEGO-BEACH AREA,	547	FISHER, JENNIFER.....	1387, 1388	FUNDINGSLAND, BRENT.....	843, 1097
FAMILY HLTH CTR SAN DIEGO-EL CAJON.59, 60, 61, 62, 63, 64, 69, 70, 71, 72, 73, 74, 75, 76, 77		FISHER, SLOANE.....	1120	G	
FAMILY HLTH CTR SAN DIEGO-EL CAJON,	374	FISHMAN, ELENA.....	601	GADDIPATI, KISHORE.....	553
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC.....	41, 42	FITZGERALD, MICHAEL.....	1557	GAFFEY, ANN.....	984
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,	338	FLANIGAN, MARILYN.....	1534, 1558	GAINOR, GRETCHEN.....	419
FAMILY HLTH CTR SAN DIEGOCITY COLLEGE.....	162, 163, 164	FLEMING, DAVID.....	435	GALASSO, MADISON.....	724
FAMILY HLTH CTR SD HILLCREST. 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177		FLEMING, JOHN.....	1666, 1715	GALLARES, DANIEL.....	430
FAMILY HLTH CTR SD HILLCREST,	547	FLEMING, SARAH.....	733, 1215	GALLEGOS, CYNTHIA.....	487
FARASAT, SADAF.....	561	FLEMING, TARA.....	390	GALLO, LINDA.....	751, 1505
FARRAR, COURTNEY.....	1083, 1391	FLETCHER, EMILY.....	350	GALUST, HENRIK.....	871
FARSHLER, ANTHONY.....	835	FLINN, SCOTT.....	1087	GANDHI, ANAND.....	515
FATHER JOES VILLAGES.....	1732	FLINT, JAMES.....	989, 1416	GANDHI, SHEETAL.....	419
FATLAND, SARAH.....	464	FLORES, ERNEST.....	350	GANESAN, ANUSHA.....	1319
FAZELI, SOUDABEH.....	968, 1372, 1373	FLORES, JOE.....	526	GANGJI, SHAZMIN.....	825
FEJLEH, ASHLEY.....	843, 1097	FLYNN, DANIELLE.....	1441, 1580	GANTA, SRUJAN.....	1425
FEJLEH, MOHAMMAD.....	882, 883	FODDA, RAMI.....	636, 637, 1431	GARA, NAVEEN.....	804, 805
FELD, KEREN.....	1120	FOLCH TORRES-AGUIAR, BEATRIZ.....	432, 582, 701	GARCIA SANDOVAL, DAMARIS.....	1446
FERNANDEZ LEYVA, JUAN.....	323	FONTANA, LOUIS.....	1583	GARCIA, CALVIN.....	866, 1147
FERRAILOLO, NATALIE.....	402, 426	FORCIER, NANCY.....	969, 1373	GARCIA, CARLOS.....	350
FERRARA, SAMANTHA.....	1005	FORTUNE, ERIN.....	602	GARCIA, DEANA.....	619
FERRITER, STACY.....	865, 1147	FORZANI, CHRISTINA.....	1357, 1558	GARCIA, JENNI.....	1205, 1559
FIELDING, JOSEPH.....	632	FOWLER, KATHRYN.....	969, 1374	GARCIA, JOHNNY.....	361, 487
FIGUEROA RODRIGUEZ, BRENDA.....	390, 823	FOX, KENNETH.....	1424	GARCIA, KARLA.....	330
FINCH, CHRISTINA.....	1325, 1395	FRAGOSO, DOMINIQUE.....	1509	GARCIA, RAFAEL.....	351, 450
FINK, PATRICK.....	619	FRANCIS, LARRY.....	1008, 1467	GARCIA, REGINA.....	1431
FINN, DAPHNA.....	1527	FRANK, GUIDO.....	1558	GARCIA, RICHARD.....	1559
FIREIZEN, YARON.....	1325	FREDERICK, ALIYA.....	1230	GARCIA, ROSEMARIE.....	1511
FIRESTEIN, CATHERINE.....	890, 1186	FREEMAN, WANDA.....	637, 759, 1431	GARCIA, TEDAYSHIA.....	660
FIRESTONE, MICHELLE.....	1357, 1557	FRENCH, TONIANNE.....	723	GARFF, KEVIN.....	1713
		FRENETTE, CATHERINE.....	553	GARIBYAN, VARTAN.....	484
		FRESNO, BLANCA.....	350, 450	GARTH, MELISSA.....	855, 1120
		FRIEDMAN, JAIME.....	602	GEE, JENNIFER.1008, 1072, 1468, 1469	
		FRIEDMAN, RICK.....	928, 929, 1268	GEHR, MARC.....	561
		FRIENDSHIP MANOR NURSING AND REHABILITATION CTR.....	1491	GENG, BOB.....	1286
		FRIESEN, TZYYNONG.792, 817, 1022, 1075, 1269		GENOVESE, KELLY.....	1056
		FRUGONI, GINA.....	1241	GEORGE, BRUCE.....	1633, 1719
		FRY, LIANE.....	1558	GEORGE, JENNIFER.....	359
		FU, KATHERINE.....	1515	GEORGE, KENDALL.....	1633, 1718
		FUJII, CINDY.....	690, 1447	GEORGIEV, MARY-JO.....	1441, 1580
				GEPSHTEIN, YANA.....	509
				GERWER, JOHANNA.....	561
				GHAFAARI, DAUOD.....	314, 370, 765

M. 初級保健指數

GHAHREMANI, SIMIN.....	351, 691	GOWDA, ASHWIN.....	776	GUNTA, SUJANA.....	473, 474
GI, HUNG.....	694, 747	GOYAL, NIDHI.....	1316	GUNTHER, HOPE.....	868, 1150
GIAMONA, KRISTEN.....	1357, 1559	GRACE HOUSE.....	1497	GUPTA, ANUJ.....	1451
GIANFORTUNE, RACHEL.....	424	GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC.....	1484	GUPTA, MONIKA.....	737, 1437
GIANG, STEVEN.....	1688	GRANT, REBEKAH.....	583	GUPTA, PRATIMA.....	912, 1242
GIBONEY, JENNIFER.1300, 1331, 1332		GRAVES, JENNIFER.....	1237	GUPTA, VARSHA.....	603
GILANI, SAPIDEH.....	929, 930, 1269	GRAY, IGA.....	1605, 1651	GUTH, CARA.....	747, 1343
GILBERT, CHRISTOPHER.....	806	GRAY, SARAH.....	603, 1332	GUTIERREZ, ANGELICA.....	561
GILIBERTO, JOSEPH.510, 1040, 1152, 1153		GREAR MANN, MELISSA.....	867, 1150	GUTIERREZ, JUSTINE.....	396
GILL, MANPREET.....	1515, 1516, 1547	GREENE, JACQUELINE.930, 931, 1270		GUTIERREZ, TANIA.....	527
GILROY, LAURA.....	1522	GREENWAY, HUBERT.....	313	GUZZO, RICHARD.....	1516
GIORGI, ASHLEY.....	1120	GREINER, ALEXANDER.....	793, 1286		
GIOVANNETTI, ERIN.....	856	GRIESINGER, MICHAEL.....	724	H	
GISH, ROBERT.....	375, 446, 555	GRIFFITHS, KENNETH.....	526	HA, THU.....	487, 488, 1121, 1122
GLEASON ROHRER, GWEN.....	526	GRISOLIA, JAMES.....	572	HACINAS, REYNALDO.....	399, 660
GLENN, TARA.....	1215	GRISSOM, MURRAY.....	969, 1374, 1375	HAI, FAIZI.....	553
GOEB, YANNICK.....	989, 990, 1416	GROGAN, BRIAN.....	1241	HAIGHT, BRUCE.1001, 1002, 1046, 1651, 1652, 1670	
GOGGIN, SAMANTHA.....	602	GROSS, MATTHEW.745, 820, 1004, 1027, 1077, 1300		HALEY, JESSICA.....	793, 818, 819, 1290
GOLD, JEFFREY... 810, 1018, 1019, 1230		GROSSMONT HOSPITAL.....	1478	HALEY, STEVEN.....	511
GOLDEN HILL POST ACUTE.....	1493	GROSSMONT HOSPITAL DP SNF.	1489	HALGEDAHL, YI TING.458, 459, 706, 1456	
GOLDEN LIFE ADHC.....	1501	GROSSMONT POST ACUTE CARE.	1489	HALPERIN, JASON.....	1465
GOLDFINGER, SARAH.....	487	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC.292, 293, 294, 295, 296, 297, 298, 299		HALVORSON, PAULA.....	835
GOLDING, IAN.....	1289	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,.....	699	HAMDAN, AYAD.....	886
GOLDMAN, DAVID.....	739, 740	GROVE, JAY.....	832, 1092, 1475	HAMID, WAHIDA.....	361, 762
GOLDSTEIN, EDWARD.....	687	GRUNVALD, EDUARDO.....	1193	HAMILTON, LISA MARIE.....	402, 527
GOLDSTONE, ADAM.....	1623	GUADARRAMA, IGNACIO.....	660	HAMMETT, ERIN.....	340
GOLLOGLY, HEIDRUN.....	1651, 1669	GUALTIERI, CHRISTOPHER.....	1253	HAMMOND, CHARLES.....	890, 1187
GOMEZ, DANIELA.....	687, 1447	GUAN, HOWARD.....	1714	HAMOUIE, JUDY.1608, 1616, 1624, 1652	
GOMEZ, JUANITA.797, 1358, 1511, 1560		GUARDADO-SOTO, RAQUEL.770, 1509		HAN, ANGELA.....	1432
GOMEZ, LESLIE.....	856, 1121	GUIDI, CASEY.....	834, 1463	HAN, FREDERICK.....	1012, 1102, 1103
GONZALES, MICHELLE.....	359	GUIDO-ESTRADA, NATALIE.1019, 1231, 1237		HAN, KYOUNG.....	1090
GONZALEZ, ANDRES. .778, 1053, 1430		GUITTARD, JESSE.....	773, 872, 1161	HAN, PAUL.....	562
GONZALEZ, CLAUDIA.....	1524	GULLY, MICHELLE.....	1039	HAN, SULKI.....	1608, 1652
GONZALEZ, LISA.....	866, 1147	GULOTTA, SAMANTHA.....	1560	HANLEY, LAUREN.343, 383, 432, 583, 584, 701	
GONZALEZ-GARCIA, CAROLINA.1583		GUNDOGDU, MELEK.....	1231	HANNA, LINDSAY.....	857
GOODRICH, ANDREW.....	872	GUNPAT, JOSHUA.....	426, 1010	HANNAWI, ANDREW.....	1231
GOODWIN, RACHEL.....	867, 1149, 1150			HANNAN, GEMMY.....	969, 1375
GORDON, BRENT.....	1289			HANONO, ABRAHAM.....	1634
GORDON, CHRISTOPHER.....	370			HANONO, HELFON.....	1634
GORGES, RANDA.....	377			HANSEN, LAWRENCE.....	943, 1280
GORHAM, LAURA.745, 820, 1077, 1300				HAPKE, ELENA.....	632
GOSMAN, AMANDA.....	1419			HARKNESS, RUMIKO.....	857, 1122
GOULD, HILARY.....	751, 1506				
GOVEA, ALAYN.....	901				

M. 初級保健指數

IBANEZ, SIR CEDRIC.....	317	JAMISON, KAREN.....	563	KALBAKJI, NATALY.1595, 1616, 1624,	
IBARRA, MARTHA.323, 661, 722, 1124,		JANNESARI, ROYA.....	802	1638, 1654, 1670, 1671, 1693	
1125		JARDON, JAVIER.....	387	KALRA, ANKUR.....	1601, 1671, 1716
IBRAHIM, MAGED.....	411	JAZBEH, SAMMER.....	970, 1376, 1377	KAMOTO, LYNN.....	694
ICHWAN, DANIEL.....	775	JENKINS, ENCHANTA.....	687	KANNAN, SWATI.....	1154
IGNACIO, ROMEO.....	1406	JENNINGS, AMY.....	1584	KANTAS, PARIS.....	661, 1443
ILCHENA, ALESANDRA.....	511	JENSEN, ADRIENNE.....	362	KARANDE, PRACHI.....	754, 839, 1050
IMAM, SYED.....	1441, 1580	JENSEN, BRIAN.....	1082, 1541	KARAPETIAN, ELENA.....	1625
IMPERIAL BEACH HEALTH CENTER.		JEWISH FAMILY SERVICE OF SAN		KARCHES, KELLI.....	563
.....	101, 1724, 1730	DIEGO.....	1735	KARI, ELINA.....	934, 935, 1023, 1272, 1273
IMPERIAL BEACH HEALTH CENTER, .		JI, AMANDA.....	704	KARMAKAR, KANKA.....	605, 1333
.....	418	JIANG, WEN.....	817, 1023, 1272	KARP, MICHAEL.....	710
IMUS, PAUL.....	425	JIMENEZ, ANDREA.....	753, 839, 1049	KASAI, SARAH.....	1680
INDA, PRISCILLA.....	357, 747, 769	JIMENEZ, CLARIBEL.....	1093, 1434	KASAWA, JOHN.....	371
INDRA, SEAN.....	1027, 1301	JIMENEZ, KRYSYAL.....	331	KATZ, JONATHAN.....	994, 1427
INGULLI, ELIZABETH.....	1322	JIMENEZ, NANCY.....	1584	KATZ, YISRAEL.....	894, 1194
INOCELDA, ANDREW.....	717	JIMENEZBACARDI, ADRIA.....	1333	KATZMAN, BARRY.1595, 1609, 1655,	
INSTONE, SUSAN.....	490	JINDAL, ANUJA.787, 810, 1018, 1068,		1671, 1693	
INTERFAITH COMMUNITY SERVICES.		1333		KATZMAN, LEE.....	1605, 1654
.....	1723	JOHN, TANNER.....	1172	KAUFER, DAVID.....	680
IRAGUIMADOZ, VICENTE.....	909, 1231	JOHNSON, CHRISTINE.....	1085	KAUFHOLD, ANNE.....	311, 315, 528, 668
IRIZARRY, NICOLE.....	633	JOHNSON, CHRISTOPHER.....	1667, 1716	KAUFMAN, JENNIFER CHILYN.....	528
ISAIAS, AGNELA.....	352	JOHNSON, DANIEL.....	417	KAUNITZ, GENEVIEVE.....	1154
ISAKARI, MARCIA.....	1250	JOHNSON, KENNADY.....	1391	KAUR, JATINDER.....	402, 478
ISHIMINE, PAUL.....	1302	JOHNSON, KENNETH.....	728	KAYE, WALTER.....	1560
ISLAM, JULIE.....	368, 515	JOHNSON, SHAWNA AKIKO.....	491	KAZEM, AHMAD.....	511
IVANOV, MARGARET.....	893	JOLICOEUR, MEGAN.....	881, 1172, 1173	KAZEM, HARON.....	326
IYENGAR, RADHA.....	320	JOMOC, CAITLIN.....	922, 1261, 1638, 1692	KEARNS, MARK.....	992
IYER, VICTORIA.....	857	JONES, CHRISTA.....	857, 1125	KEDDINGTON, JOAN.....	1601, 1671, 1716
J		JONES, SETAREH.....	391	KEEN, WILLIAM.....	848
JABBOUR, MOUSSA.....	894, 1194	JORDAN, JAMIE.....	604	KEFLEZIGHI, BAHGHI.....	528
JABRI, ZAIN.....	377	JOSHI, YASH.....	1560	KELCHNER, MATTHEW.....	311
JACKSON, DANA.....	391, 434	JOSHUA, JISHA.....	967, 1366	KELLEHER, BRIDGET.414, 415, 461,	
JACKSON, GAVIN.....	562	JOYCE, ROBERT.....	1718	707, 834, 1059, 1459, 1460	
JACKSON, MADELEINE.....	1417	JU, NATHANIEL.....	707, 1063, 1463, 1464	KELLER, BENJAMIN.....	1419
JACKSON, TAYLOR.....	1302	JUANG, PATRICIA.....	879, 1166	KELLOGG, KRISTEN.....	362
JACOB HEALTH CARE CENTER LLC.		JUAREZ, AMERICA.....	1506	KELLY, KATHERINE.....	640, 641, 1062
.....	1494	JUAREZ, LETICIA.....	395, 627	KELNER, MICHAEL.....	949, 1284
JACOBS-KLEISLI, MILAGROS.....	352	JUAREZ, PATRICIA.....	605	KEMP, KATHRINE.....	491, 1125
JACOBSEN, BRADLEY.....	1070, 1254	JULIAN, FIDES.779, 850, 851, 1107, 1108		KESANAPALLI, DEEPTHI.....	605
JACOBSEN, GARTH.....	799, 983, 1406	JUSTINO, HENRI.....	1290	KESHAVARZI, SARA.....	802
JAFFRAY, JULIE.....	1319	K		KETCHEL, CLINT.....	465, 466, 708
JAFFRAY, PAUL.....	970, 1376	KAFRI, HASSAN.....	381	KHAFAJA, MOHAMAD.....	1528, 1561
JAIN, ALEXANDRA.....	753	KAHL, NICHOLAS.....	310, 399	KHALEEL, AMMAR.....	1504
JAMES, CHRISTINE.....	1095, 1583	KAKAIYA, ROSHNI.....	340	KHALIGHI, PAYMAN.....	1694

M. 初級保健指數

KHALIL, VADY.1596, 1609, 1616, 1625, 1638, 1655, 1672, 1694	KOLB, FREDERIC.....1422, 1423	LA MAESTRA FAMILY CLINIC INC.57, 58, 59, 122, 123, 241, 242, 244, 245, 246, 247
KHAMISA, SORAIYA.....1561	KONDILI, DHIMITER.....971, 1378	LA MAESTRA FAMILY CLINIC INC, .
KHAMISHON, BORIS.....1232	KOO, ANITA.740, 741, 768, 816, 1046, 1047	.....375, 445, 548
KHAN, ALIYA.....384	KORMANIK, PATRICIA. 780, 858, 1460	LA MESA HEALTHCARE CTR. ....1490
KHAN, FAHAD.....1695	KORSAND, SID.....352, 353	LA MESA PEDIATRICS. 101, 102, 103
KHAN, MATTHEW.....491	KOSEL, MATTHEW.....656	LA MESA PEDIATRICS, .....422
KHAN, SHAHFAR.....1302	KOTHA, PURUSHOTHAM.....995	LA PALOMA HEALTHCARE CTR...1491
KHANNA, POORNIMA.....563	KOTHA, ROSHAN.....1008	LABIB, MICHAEL.....1358, 1562
KHARE, MANASWITHA.....1333	KOUSARI, JHALEH.....638, 639	LACH, REBECCA.....331, 529
KHATIB, NORA.....1255	KOZMA, BONITA.....1155	LAD, NIKISHA.....1535
KHIEU, TINA.1596, 1609, 1617, 1625, 1639, 1655, 1656, 1672, 1695	KRAK, MICHAEL.....710	LAFORTEZA, JOZELLE.....1126
KHINDA, SUNEHA.....1633, 1695	KRAMER, MELISSA.....474	LAGO HERNANDEZ, CARLOS.895, 1194
KHURANA, AMAN.....971, 1377, 1378	KRAPES, MICHAEL.....1082, 1541	LAI, AMARA.....402
KI, TRISH.....491, 492, 1125, 1126	KRAUSE, MARTIN.772, 848, 1012, 1101, 1475	LAILAW, JOHN.....1562
KIDANE, ZINNIA.....1126	KRESHAK, ALLYSON.....874	LALITHAKUMARI, ARYA.....564
KIDDER, BRENDAN.....529	KRIJGER, LISA.....563	LAM, ANNE.....1640, 1696
KIM, JIUN.....340	KUGEL, SAMUEL.....1534	LAM, DAVINA.....1344
KIM, JOHN.....1250	KUIOKA, TROY.....397	LAM, KHANH.....720, 1109
KIM, MICHAEL.....1072, 1469, 1470	KULASA, KRISTEN.....879, 1166	LAM, MICHAEL.....895, 1195
KIM, MICHELLE.....1090	KULISCHAK, JOHN....1639, 1640, 1696	LAMALE-SMITH, LEAH.789, 813, 914, 1244
KIM, PHILIP.923, 1261, 1625, 1639, 1696	KULKARNI, NISHAT.....1516, 1548	LAMANTIA, MICHELE....447, 564, 680
KIM, YUHEE.....429	KUMAR, AVNEE.....1035, 1477	LAMBERT, GAGE.....1345
KIMMCMANUS, OLIVIA.787, 811, 1020, 1232	KUMAR, SOMA.....1178	LANDEOGUTIERREZ, JEREMY....1325
KINDRED HOSPITAL SAN DIEGO.....1478	KUO, DENNIS.....1320	LANDIS, SARAH.....620
KING CHAVEZ HEALTH CENTER.154, 155, 156, 157	KUPPALLI, KRUTIKA.....891, 1189	LANE, BRIAN.....1217
KING CHAVEZ HEALTH CENTER, .548	KUROSACA, MOMO.....1173	LANE, KIMBERLY.722, 759, 781, 858, 996, 1127
KING, MARY.....1601, 1673, 1717	KURZ, TROY.....1506	LANG, LESLIE.....1059
KINGDON, JOANNA. .1027, 1078, 1303	KUSNEZOV, NICHOLAS.759, 990, 1417	LANUZA, MARK.....441
KINGDON, TYLER.....1203	KUTZ, CRAIG.....874, 1162	LAPINA, LORI.....620, 621
KLAREN, AMANDA.....1626, 1696	KVIATKOVSKY, MILLA.....894, 1194	LARA, LESLEY.....668
KLEIN, DAVID.....913, 914, 1243		LARSEN, JULIE.....1251
KLIN, LANNING.....1255	L	LARSEN, STEVEN.....1697
KLING, KAREN.800, 833, 1036, 1084, 1420	LA COSTA HOUSE.....1483	LASSWELL, EVE.....964, 1528
KLOBERDANZ, KELSEY.....492	LA FUENTE POST ACUTE.....1498	LAU, JANICE.....1697
KLUEMPER, NICOLE.....1358, 1561	LA JOLLA NURSING AND REHAB CTR.....1488	LAU, KUEN CHINE.....1697, 1698
KNUTSON, THOMAS.....832	LA MAESTRA CHC EL CAJON BROADWAY.....55, 56, 57	LAURENT, LOUISE.....784, 903, 1207
KODSI, ALICIA.....391	LA MAESTRA CHC EL CAJON BROADWAY, .....374	LAVERTY, CHAMINDRA.....1232
KOHATSU, KAREN.....1244	LA MAESTRA CHC-REA AVE, .....375	LAW, KAREN.....331, 441
KOHOUT, KATHRYN.....1432	LA MAESTRA COMMUNITY HEALTH CENTERS. .1722, 1725, 1727, 1735, 1736, 1737, 1738, 1739, 1740, 1741	LAWRIE, ALISA.....606
		LAZAR, DAVID.....1420, 1421

M. 初級保健指數

LE DZUNG, THE.....949, 1284, 1285	LEVY, PHILLIP.....1656	LOGAN HEIGHTS FAMILY HEALTH
LE, CRYSTAL.....809, 1217	LEWIS, MICHAEL.....1425	CENTER.177, 178, 179, 180, 181, 182, 183,
LE, DIANA.....396, 627, 628	LEWIS, PRIYA.....1423	184, 185, 186, 187, 188, 189, 190, 191, 192,
LE, HUAN.....1366, 1367	LI, ALEXANDRIA.....1255	193, 194, 195, 196, 197, 198, 199
LE, NGUYEN.....606	LI, HOJUN.....1320	LOGAN HEIGHTS FAMILY HEALTH
LE, TAM.....1626, 1718	LI, JINGHONG.....874, 875, 1014, 1476	CENTER, .....548, 549
LE, TAYLOR.....769	LI, XIA.....1529, 1563	LOHNES, ELLIE.....621
LEBENSOHN CHIALVO, FLORENCIA.	LIBERTANA HOME HEALTH OF	LONGARDNER, KATHERINE.1233,
.....1359, 1562	SHERMAN OAKS.....1743	1564
LEDBETTER, ALEX.....1528, 1563	LIEBER, CAROL.....314, 493	LOPER, KAREN.....606
LEE, AUSTIN.....1673	LIFE CARE CENTER OF ESCONDIDO.	LOPEZ, JOANNA.....1512
LEE, BEGEM.....1334	.....1487	LOPEZ, MARIA.....761
LEE, DAVID.....909, 1233, 1528, 1563	LIFE CARE CENTER OF VISTA.....1498	LOPEZ, MARIBEL.....1584
LEE, HAEWON.....795	LIGHTBRIDGE HOSPICE LLC.....1741	LOPEZ, MARIO.....621, 622, 704
LEE, HEE.....858	LIM, IMELDA.....436, 493, 1039	LOPEZ, NICOLE.....980, 1399
LEE, JASON.....1617, 1626, 1698	LIM, ROSEMARIE.....1049	LOPEZ, XIMENA.....1032, 1334
LEE, JOSEPH.....668, 669	LIN, HENRY.....1698, 1699	LORENZO, PATRICIA.....516
LEE, KAREN.....1184	LIN, JOYCE.....954, 955	LOSTETTER, ADRIENNE.....480
LEE, MICHAEL.....564	LIN, SHINKO..764, 765, 1041, 1086, 1155	LOUGH, MICHELLE.....531
LEE, SALLY.....1656, 1673	LIN, TOM.....1317	LOVERN, JENNIFER.....512, 641, 642
LEE, SANDRINE.....530	LINDA VISTA HEALTH CARE CTR.205,	LOVING CARE ADHC.....1502
LEE, SHULAMI.....803	208, 209, 210	LOZIER, JEFFREY.....1089
LEHNERTSCHUCHARDT, ELEANOR.	LINDA VISTA HEALTH CARE CTR, .	LU, JULIE.....531
.....1290	.....548	LU, TAMMY.....362, 493
LEIBEL, SYDNEY.....1287	LINDBACK, SARAH.....479	LUHAR, RIYA.....572
LEMON GROVE CARE AND REHAB	LINDEMAN, KURTIS.....530	LUJAN, ARLEEN.....607
CTR.....1490	LINDEMANN, CHRISTINA.....1345	LUKACZ, EMILY.....881, 1176
LEMON GROVE FAMILY HEALTH	LINKE, SARAH.....964, 1359, 1529, 1563	LUM, YUIN-WAH.....436
CENTER.105, 106, 107, 108, 109, 110, 111,	LIOTTA, BENJAMIN.....875, 1162	LUMHO, RACHEL.....1438, 1439
112, 113	LIYOU, YUJIE.....1155	LUONG, TRAN.....955
LEMON GROVE FAMILY HEALTH	LIPSCHITZ, LISA.343, 384, 432, 584,	LUSBY, FRANKLIN.....1640
CENTER, .....429	585, 586, 702	LUSCHWITZ, BRIAN.....710
LENHART-PENDERGRASS,	LISH, JONATHAN.....530	LUU, DANIEL.....1153
PATRICIA.....795, 1031, 1081, 1326	LIU, ANDREW.....1067, 1068	LWIN, THUTHIRI.....1449
LENNON, RYAN.....492	LIU, JESICA.....606	
LEONARD, BEVERLY.....323, 362, 698	LIU, SHANGLEI.....980, 1398	M
LEONARD, LISA.....1468	LIU, TIMOTHY.....1564	MACIAS, ALISSA.....639
LEPEZ, DAVID.....669	LIU, YUNXIANG.....1255	MACINTYRE, ELIZABETH.....474
LERNER, JONATHAN.720, 761, 802,	LIU-BARBARO, DOROTHY.....427	MACKAY, GILLIAN.....789, 914, 1245
1104, 1429	LLANES, BENJAMIN.....1699	MADANY, GEORGE.....607
LEUIN, SHELBY.....792, 817, 1076, 1273	LLOYD, MATTHEW.....621	MAGEE, ANNA.....1523
LEUTE, ERIC.....441, 669	LOEFFLER, ALLISON.343, 385, 433,	MAGINOT-CHESHER, TAMARA.965,
LEVERONE, NICHOLAS.....1195	586, 587, 702	1360, 1529, 1564
LEVINE, MATTHEW.....516		MAGIT, ANTHONY.....935, 936, 1274
LEVY, MICHAEL.....1410		MAGNOLIA ADULT DAY HEALTH
		CARE.....1501

M. 初級保健指數

MAGNOLIA POST ACUTE CARE. .1485	MARTIN, THOMAS. ....1189	MCMAHON, SHARON. ....353
MAGOS, DANIEL.....1517	MARTINEZ, ARMANDO. ....896, 1196	MCMURREN, BRITTANY.....1610
MAHDAL, SUZAN.....430	MARTINEZ, CAROLYN. ....494, 1128	MCNEALY HOUSE.....1491
MAHENDRAN, SRIVIDYA.....607	MARTINEZ, NANCY. ....325	MEADOWS, AUDRA.....915, 1245, 1246
MAHONEY, KAITLYN. ....633	MARTINEZ, NORAYMA.....1517	MEAGHER, RAISHELLE. ....1585
MAJITHIA, AMIT.....896, 1196	MARTINEZ, STEPHANIE.1506, 1529, 1565	MEDINA, ALEXANDER.....442
MAK, ROBERT.....1323	MARTINEZ-ANDREE, INGRID. ....608	MEDINA, RUBELETA.....1128
MALAK, LAWRENCE. ....1506, 1565	MARTINEZ-MURGUIA, IRENE.452, 622	MEDZED PHYSICIAN SERVICES INC. .....1721
MALEK, MIKHAIL.....805	MASCARENO, EFRAIN..741, 742, 1602	MEHTA, NOOPUR.....825
MALEKMADANI, ARIENNE.....1444	MATIAS, JULIE. ....642, 651	MEKEEL, KRISTIN. ....1426
MALEKSHAMRAN, KEYVAN. ....411	MATICH, BRANKO. ....532, 533	MELBER, DORA.731, 808, 903, 999, 1016, 1065, 1208, 1209
MALHOTRA, ARATI.....650, 651	MATOBA, NANA.....733, 906, 1219	MELLENDEZ, ARIANA.....915, 1246
MAMAS KITCHEN.....1741	MATSHE, ZENZIWE.....403, 804	MELGAR, MONICA. ....533
MANCHEL, BRUCE.....358, 628, 696	MATSUOKA, AKIHIRO...936, 937, 1275	MELTZER, VIRGINIA. ....494
MANDOYAN, AUSTIN.....371, 531	MATTHESS, JANETTE. ....859	MENDENHALL, ANNA.....398
MANGENE, CYNTHIA. ....363	MAXWELL, BENJAMIN.....1530	MENDES, CHANTAL.....746, 821, 1303
MANGINE, REGINA.....698	MAXWELL-JUNGE, MELISSA.....1510	MENDEZ, ADRIANA....1541, 1542, 1589
MANI, NASRIN. ....346, 387, 689	MAY, LOUIS. ....378, 681, 766	MENDEZ, ANDRES.....965, 1530
MANI, PARVIN. ....1245	MC ELROY, CARTER.....1392	MENDEZ, DIEGO.....344, 385, 688
MANNEN, JOSEPH.....1605, 1656	MCADAMS, JOSEPH.....956, 1345	MENDEZ, JESUS.....357
MANNINO, ELIZABETH.....427	MCAULEY, ROBERT.....1523	MENDOZA, GRETTEL MARIE..494, 1129
MANNINOAVILA, ELIZABETH.....1334	MCCALLION, PATRICK.....744	MENDOZA, RAYMUNDO.....1675
MANRIQUEZ, LISETTE.....762, 1128	MCCALLUM, JAMES.....516	MENON, POOJA.....332
MANRIQUEZ-CASTILLO, ERENDIRA. .....607	MCCAMMACK, BRADLEY.....475	MERAKEY ALLOS.....1742
MANSY, TAMARA. ....377	MCCANDLESS, RACHEL.....1025, 1291	MERALI, MURTAZA. ....1658
MANUEL, FRANCESCA.....1509	MCCARTHY, KATHRYN.....803	MERCER, KELLY.....394, 452, 622
MANZO, CORINA. ....1128	MCCLEAN, ESMERALDA.923, 1641, 1700	MERRILL, COREY.....956, 1346
MARANO, RACHEL. ....1335	MCCOWN, BARRY.....764, 1009, 1010	MERRILL, SARAH. ....332
MARC-AURELE, KRISHELLE.905, 906, 1218, 1335	MCCULLEY, DAVID. ....1219	MESIWALA, ADNAN.....1028, 1303
MARCINIAK, ROMAN.....565	MCCULLOUGH, DEIRDRE.731, 998, 1207, 1208	MESTAN, KAREN.....907, 1220
MAREK, MAKSYM.....738, 1437	MCCULLUM, TIFFANY.....1360, 1566	METCALF, ASHLEY.....1304
MARISCAL, MIGUEL. ....748	MCDANIEL, MICHELE. .875, 1162, 1303	MEYER, MEGAN. ....844, 1097
MARKS, ROBERT.....971, 1378, 1379	MCFARLAND, NATHAN.....427	MEYERHOF, GRETA.....1542, 1590
MARLAY, GREG.....1674	MCGEE, JACQUELINE.....718, 830	MICHAEL, RAMI.....378, 767
MAROLLA, ALICE. ....976	MCGRAW, JOSEPH.1596, 1617, 1627, 1657, 1658, 1674, 1675, 1700, 1701	MICHALOWSKI HOME. ....1492
MARR, RYAN.1596, 1610, 1617, 1626, 1641, 1657, 1674, 1699, 1700	MCGUIRE, WILLIAM. ....967, 1367	MICK, SHARON.....859, 860, 1129
MARSHALL HOUSE.....1498	MCHENRY, KATHRYN.....403	MID-CITY COMMUNITY CLINIC.213, 214, 215, 218
MARSHALL, LAWRENCE.....986, 1411	MCINTYRE, RYAN. ....316	MID-CITY COMMUNITY CLINIC, . .549
MARSTON, JACQUELINE.....531, 532	MCKENNETT, MARIANNE. ....331	MIDORO, ABEGAILLE.1039, 1040, 1130
MARTIN, FREDERIC.....572	MCLAUGHLIN, ERIK. ....533, 1173	MIGNEA, DAVID.....359, 397, 633
MARTIN, HALEY.....955, 956, 1345		MIKUT, ALYSSA.....1251
MARTIN, RIA.....493		MILDER, EDMUND.....1322

M. 初級保健指數

MILES, RENEE.....	1523	MORALES, ALEJANDRA.....	533	NAVARRO, VANESSA MARIA.442,	
MILLAR, MELISSA.....	1098	MORAN, TIFFANY.....	494, 1131	534, 670, 1041, 1444	
MILLER, DONALD.....	475	MOREIRA, LUCILA.....	480	NEGRON, RICARDO.....	413
MILLER, EVA.....	1130	MORRIS, CHAD.....	771	NEIGHBORHOOD HEALTHCARE	
MILLER, JULIE.....	1473	MORRIS, SHEILA.....	739	ESCONDIDO.....	86, 88, 89, 90, 91, 92
MILLER, LAUREL.....	622	MORRISON REYES, JOSHUA.1597,		NEIGHBORHOOD HEALTHCARE	
MILLER, SCOTT.....	1176	1618, 1627, 1642, 1658, 1675, 1702		ESCONDIDO,	406
MILLER, WILLIAM.....	635	MORTIMER, DORI.....	480	NEIGHBORHOOD HEALTHCARE	
MILLS, BRAD.....	1566	MOSHTAGHI, OMID.....	1003	GOLD FAMILY HEALTH CENTER.136,	
MILLS, DAVID.....	1028, 1304	MOSQUERA, DIANA.....	353, 354	137	
MINOKADEH, ANUSHIRVAN.....	772	MOSTOFIAN, EIMANEH.....	648	NEIGHBORHOOD HEALTHCARE	
MIRACLE, ANGELYN.....	1013, 1450	MOUNT MIGUEL COVENANT		GOLD FAMILY HEALTH CENTER, .479	
MIRAMONTES, DIANA.....	1517	VILLAGE HEALTH FAC.....	1497	NEIGHBORHOOD HEALTHCARE	
MIRON, JEAN-PHILIPPE.....	1566	MOVAGHAR, MANSOOR.791, 815, 919,		GRAND AVE.....	85, 87, 88
MISSION HILLS POST ACUTE CARE.		1021, 1071, 1256, 1628		NEIGHBORHOOD HEALTHCARE	
.....	1494	MOYA, MARY.....	332, 670	LAKESIDE.....	103, 104
MISTRY, CHETAN.....	353	MUELLER, DANA.....	1291	NEIGHBORHOOD HEALTHCARE	
MITCHELL, CATHY.....	399	MUELLER, GEORGE.....	1407	LAKESIDE,	427
MIZOGUCHI, LIANNE.....	1641, 1701	MUHAMMAD, LAMA.....	1567	NEIGHBORHOOD HEALTHCARE	
MIZZELL, ANNA.....	849, 1104	MULVEY, CAOILFHIONN.....	860, 1131	PAUMA VALLEY.....	135, 136
MODHWADIA, MAMTA.....	1548	MUNCADA, CAESAR.....	918	NEIGHBORHOOD HEALTHCARE	
MOFFATT, KYRRA.....	425	MUNCE, DANIELLE.....	1196	PEDIATRICS AND PRENATAL... 95, 96	
MOHAMEDALI, BURHAN.728, 729,		MURRAY, MATTHEW.....	1304	NEIGHBORHOOD HEALTHCARE	
767, 807, 1204, 1435		MURTHY, NIKHIL.....	718, 986, 987	PEDIATRICS AND PRENATAL,	406
MOHAMEDI, NADIA.....	442	MUTH, NATALIE.....	320	NEIGHBORHOOD HEALTHCARE	
MOHAMMAD, AHMAD SHAH.738,				PEDS AND PRENATAL.....	92
1000		N		NEIGHBORHOOD HEALTHCARE	
MOHEBBI, ATHENA.....	860, 1130	NACOSTE, LAKEISHA.....	861	PEDS AND PRENATAL,	407
MOLINOS, NICOLE.....	425	NADI, FAHIMA.....	378	NEIGHBORHOOD HEALTHCARE	
MOLL, ANGELA.790, 814, 1021, 1070,		NAGELBERG, JODI.368, 517, 880, 1167		VALLEY PARKWAY.....	97, 98, 99
1256, 1618, 1627, 1701		NAGHI, JESSE.....	729	NEIGHBORHOOD HEALTHCARE	
MONAHAN, CAROLYN.....	652	NAGNUR, PRITI.....	392	VALLEY PARKWAY,	407
MONGA, MANOJ.....	1427	NAIK, SHILPA.....	392	NEIGHBORHOOD HEALTHCARE, .	
MONTEZ, REBECCA.....	1542	NAJAFI, DAVID.....	594	.....	705, 706
MONTGOMERY HOUSE.....	1498	NAJAND, SADAF.....	1087	NEJATI, FRESHTA.....	1131
MONTGOMERY JR, KEITH.1060, 1460,		NAKAMITSU, ABIGAIL.....	1346	NESTOR COMMUNITY HEALTH	
1461		NAKAMURA, MELANIE.....	403	CENTER.....	158, 159
MONTOYA, JESSICA.....	1360, 1566	NAKAMURA, TIFFANY.....	1206, 1567	NESTOR COMMUNITY HEALTH	
MOODLEY, AMARAN.....	1189	NARANJO, RODRIGO.....	565	CENTER,	549
MOONEY, PATRICIA.....	1432	NARAYAN, ARCHANA.....	378	NETZEL, JENNIFER.....	1131, 1132
MOOR, TRACY.....	1642, 1701, 1702	NARAYAN, HARI.....	793, 819, 1025, 1291	NEVAREZ, IRENE.....	437, 495
MOORE, SHAVON.....	1530, 1567	NARAYANAN, MEENA.....	566	NEVILLE, MARGARET.....	1543, 1590
MOORE, THOMAS.784, 903, 1209,		NASSIR, BASSAM.....	372	NGO, MAI.....	1032, 1335
1210		NATH, DEVARSHI.....	643, 644	NGUYEN CLEARY, THAI.....	534
MORA, WENDY.....	1009, 1073, 1470	NATHAN, CARLY.....	868, 1151	NGUYEN, ANTHONY.....	1184
		NAUDIN, VERONICA.....	711		

M. 初級保健指數

NGUYEN, BRUCE.....	1703	NOSTE, ERIN.....	875, 1163	OPERATION SAMAHAN RANCHO
NGUYEN, CARIE.....	332, 670	NOVENCIDO, ANDREW.755, 840,		PENASQUITOS.....
NGUYEN, DANIELA.....	466, 467	1050, 1051		160, 161, 162
NGUYEN, HARRY.....	1392	NOVENO, HILARIO JR.....	1040, 1132	OPERATION SAMAHAN RANCHO
NGUYEN, HOANG.....	1531, 1568	NOVO, MEGAN.....	765, 1064, 1179	PENASQUITOS,.....
NGUYEN, JANICE.....	608	NUNO, JOSE.....	623	513, 551
NGUYEN, JASMINE.....	1703	NUQUI, JOSIE.....	535	ORDINANZA, MYLENE.....
NGUYEN, KELVIN.....	1703	NYMAN, KATHERINE.734, 786, 907,		662
NGUYEN, LINH.....	333	1017, 1221		OREJEL, EDITH.....
NGUYEN, MARGARET.....	1305			1133
NGUYEN, MINH.....	1434			ORFF, HENRY.....
NGUYEN, MYLINH.....	1305			1361, 1569
NGUYEN, NGOC.....	534			ORIENTE HOUSE.....
NGUYEN, NINA.....	495			1498
NGUYEN, QUOC SY.....	844, 1098			ORPILLA, IMELDA.....
NGUYEN, QUYEN.937, 938, 1275, 1276				498, 763, 1134
NGUYEN, THANH.....	1702, 1704			ORTEGA, LUIS.....
NGUYEN, THERESA.....	1602, 1676, 1717			671, 1445
NGUYEN, THU.....	742, 743			ORTIZ ILIZALITURRI, ANA.....
NGUYEN, THY.....	1659			671, 1445
NGUYEN, TIA.....	754, 840, 1050			ORTIZ, BEVERLY.....
NGUYEN, TRACY.....	1602			1543
NGUYEN, TRUC.....	354			ORTIZ, KENNETH.....
NGUYEN, VANESSA.....	1432			316, 535, 671
NGUYEN, VI.....	392			ORTIZ, MARIA.....
NIAKAMAL, EVAN.....	825			1362, 1569
NIAZI, HARRIS.....	372, 534			OSORIO, JOSEPH.....
NICHOLAS, ESTELA.....	1461			987, 1411
NIEMI, ANNA-KAISA.....	733, 1182, 1220			OSWALD, JESSICA.....
NIGRO, JOHN.....	1425			845, 1098
NIKZAD, JASON.....	442, 670			OTAY FAMILY HEALTH CLINIC.....
NING, GRACE.....	1360, 1361, 1568			28
NISKANEN, RACHEL.....	1680			OU, JOCELYN.....
NISSAN, BETI.....	691			1606, 1659
NJIE, EMAD.....	1094			OWEN, MICHAEL.....
NOCEDA, ANA.....	495, 496			323, 498, 499
NOKES, BRANDON.....	896, 1196			OZCAN, ALI.....
NOLASCO, JOANNA.....	443			1028, 1305
NORMAN, MARC.....	1361, 1568, 1569			
NORRIS, JEFFREY.....	535			
NORTH PARK FAMILY HEALTH				
CENTERS.....	139, 140, 141, 142, 143, 144,			
145, 146, 200, 201, 202, 203, 204, 205				
NORTH PARK FAMILY HEALTH				
CENTERS,.....	550			

O

P

M. 初級保健指數

PARADISE VALLEY HEALTH CARE CENTER.....	1491	PATTERSON-HYATT, KIMBERLY.....	1362, 1569	PIERCE, HEATHER.....	1336
PARADISE VALLEY HOSPITAL.....	1479	PATTON, MICHAEL.....	1570	PIEROS, JANELLE.....	334
PARAST, MANA.....	943, 1280	PAUL, MEGAN.....	1184	PINA, RAQUEL.....	334
PARIKH, MILIND.....	379, 566	PAUL, ROBERT.....	1346	PINTO, ANITA.....	392
PARK, BRIAN.....	1029, 1306	PAULSON, KERRY.....	861	PIRTLE, KEYSHONE.....	763
PARK, DANIEL.....	681	PAVLOVICH, WENDY.....	609	PISINGER, PATRICIA.....	334
PARK, JAY.....	876, 1163	PAYAMI, MADDIHA.....	535	PITTMAN, LILIANA.....	662, 773
PARK, RONALD.....	476, 1078, 1306	PEARCE, ALEX.....	967, 1367	PLANTE, CHARLES.....	326
PARK, SOO.....	887	PEDROTTY, JOHN.....	333	PLASCENCIA, CINDY.....	1585
PARK, TARI.....	608	PELHAM, WILLIAM.....	965, 1531	PLUCINIK, STANLEY.....	1603
PARKER, SHERINE.....	609, 821, 1004, 1078, 1306	PELIO, DARREN.....	796, 957, 1346, 1347	POAST, JENNIFER.....	681
PARKS, MONICA.....	1466	PENA, NICHOLAS.....	623	POLICH, MICHELLE.....	1336
PARKSIDE HEALTH AND WELLNESS CENTER.....	1485	PEOPLE ASSISTING THE HOMELESS.....	1733	POLIKOWSKI, SAMANTHA.....	866, 1147
PARKWAY HILLS NURSING & REHAB.....	1490	PERENS, ELLIOT.....	1323	POLK, DAVID.....	1179
PARRY, LISA.....	798, 980, 1399	PERESS, LILIA.....	1173, 1174	POLLACK, LARRY.....	1407
PARSONS, GENEVIEVE.....	420	PEREZ, ALLYSSA.....	1135	POLLEMA, TRAVIS.....	993, 1038
PARSONS, MEKRAE.....	1433	PEREZ, PERLITA.....	333, 536	POLLEY, SHANNON.....	624, 1440
PARTNERS IN CARE FOUNDATION.....	1742	PERKINS, RACHEL.....	476	PONCE, SONIA.....	659
PATEL, AARTI.....	1336	PERLMAN, TAMARA.....	1063	PONIACHIK, SAMUEL.....	318, 647, 648
PATEL, AMAR.....	735	PERREAULT, MARK.....	957, 958, 1347	PONS, MAURICIO.....	347, 388
PATEL, CHARMI.....	943	PERRY, ARTHUR.....	1642	PONSFORD, DIANA.....	468
PATEL, DEVIN.....	1427	PERRY, KATHERINE.....	500	PORTO MADURSKI, KRISTINE.....	695
PATEL, GITANE.....	1597, 1610, 1628, 1660, 1676, 1705	PERTL, URSULA.....	711	POSADA, SEAN.....	536
PATEL, HEMANSHU.....	421	PETERS, JAMIE.....	1660	POSADAS, EMERITO.....	652, 653, 1439
PATEL, JANKI.....	782	PETERSEN, KATE.....	1584	POSTLETHWAITE, ALEJANDRA.....	1510, 1517, 1548
PATEL, JITENBHAI.....	403	PETITT, JOHN.....	379	POTENZA, BRUCE.....	981, 1400
PATEL, KELLY.....	499	PETTIS, BETH.....	1136	POTOK, OLIVIA.....	896
PATEL, MITESH.....	1544, 1591	PETTUS, JEREMY.....	880	POUNTNEY, MARLENE.....	319, 649
PATEL, SAGAR.....	1015, 1476	PHAM, JENNIFER.....	736	POUSTI, SHEIVA.....	1706
PATEL, SARJAN.....	1597, 1611, 1629, 1659, 1676, 1704, 1705	PHAM, LILY.....	724, 804, 1063, 1163, 1164	POWAY ADULT DAY HEALTH CARE CENTER.....	1501
PATEL, SHREYA.....	394	PHAM, MARTIN.....	719, 987, 1411	POWAY HEALTHCARE CENTER.....	1492
PATEL, VIJAY.....	792, 818, 1024, 1076, 1276	PHAM, NINA.....	1603	POWELL, STEPHANIE.....	609
PATHWAY HOME SOLUTIONS INC.....	1728	PHAM, QUYNH.....	338	PRABHU, SUJATA.....	1598, 1629, 1660, 1661, 1676, 1706
PATIAG, DANIEL.....	499, 500, 1134, 1135	PHAM, TONY.....	1705	PRASAD, AMITHA.....	1518
PATTERSON, MARY.....	1032, 1315	PHAN, RYAN.....	1257, 1258	PRATHER, ALLYSON.....	1518
		PHAN, TIFFANI.....	588	PRATT, STEVEN.....	1643
		PHILIS-TSIMIKAS, ATHENA.....	517	PRESKILL, CATALINA.....	609
		PHREANER, NICHOLAS.....	849, 1105	PRESTERA, TORY.....	1714
		PHUNG, AIVI.....	623, 1347	PREVALLET, ALEXANDER.....	566
		PHUNG, RICHARD N V.....	1706	PRIEST, VIVIAN.....	1348
		PIANSAY, MARIACORAZON.....	354, 692	PRINCE, RENEE.....	1362, 1570
		PICKETT, CHARLOTTE.....	915, 916, 1246, 1247	PRITZKER, JOELY.....	1061, 1461

M. 初級保健指數

PROHASKA, THOMAS.....	1105	RAJAIPOUR, NEGIN.....	672	REIMERS, REBECCA.732, 808, 999,	
PROMER, KATHERINE.....	678	RALEIGH, DEBORAH.....	861	1017, 1066, 1181, 1210	
PROPST, TOBE.....	536	RALL, EMILY.....	624	RENDLER, NATHAN.....	481
PRUSS, ERIKA.....	1083, 1417	RAMAMOORTHY, SONIA.....	980, 1400	REO VISTA HEALTHCARE CTR.	1494
PUIG LLANO, MANUEL.....	919, 1258	RAMERS, CHRISTIAN.....	566	RESNIKOFF, PAMELA.....	567
PUTRUS, RAMIZ.....	372	RAMGREN, AILEEN.....	480	RESELLI, LYNDSLEY.....	996
PYLE, ALEXANDRA.....	1348	RAMIREZ SANCHEZ, CLAUDIA.681,		REVELES, DIANA.....	358
Q		892, 1190, 1446		REYNAGA, JOSUE.....	677
QAYOUMI, WALI.910, 1234, 1531, 1532,		RAMIREZ, ALFREDO.....	993	REYNOSO, ALFONSO.....	326
1570		RAMIREZ, CRISTHIAN.....	537	RHEE, KYUNG.....	1337
QUACH, PHUC.....	1661	RAMIREZ, NICOLE.....	866, 1148	RIBEIRO CALDAS DOMINGUES,	
QUAN, MICHELE GRACE.....	829	RAMNATH, VENKTESH.....	777	ISABEL.....	1571
QUENZER, FAITH.....	724, 876	RAMOS, CARLOS.....	907, 1222	RICE, ELIZABETH.....	715
QUEVEDO, JUAN.....	1226	RAMOS, ELENA.....	1081	RICHARD, MARLA.....	1532, 1571
QUICK, ELISABETH.....	357, 624	RAMOS, JACQUELYN.....	769	RICHARDSON, ALVIE.732, 784, 999,	
QUIJANO, GLENN.....	1348	RANA, DEBORAH.....	451	1066, 1210, 1211	
QUILALANG, SUSAN.....	324	RANASURIYA, DUNISHA.....	1029, 1307	RICHARDSON, ANGELIQUE.....	887
QUINONES-PEREZ, BIANCA.821, 997,		RANDLE, CARRIE.....	1136	RICHARDSON, DANIELLE.....	443
1079, 1307		RAO, APARNA.....	1031, 1326	RICHARDSON, HENRY.746, 824, 1081,	
QUINTANA, PAULINA.....	1282	RAO, ROHIT.....	1291	1339	
QUINTERO, CAROLYN.....	653, 1439	RAO, SOUMYA.....	1091	RICHARDSON, JULIA.....	743
QUINTO, CINDY.....	500, 501	RAO, USHA.....	404	RICKERTS, MATTHEW.....	1392
QUIROZ, ELISA.....	339	RASHCOVSKY SCHIFF, KARIN.....	404	RIDGE, NEAL.....	537
QURESHI, SOFIA.....	1445	RASMUSSEN, DALE.....	624	RIEDL, MARC.....	1095
R		RAYMOND, ALAIN.....	1005	RIEGO, SUZANNE.....	1136
RACKHAM, KELLY.....	415	RAYTA, NICOLE.....	1061	RIES, DAVID.....	1337
RADOJEVIC, NATASHA.1362, 1363,		RCH MID CITY URGENT CARE.....	1779	RIGGINS, NINA.....	1234
1570, 1571		READ, TRENTON.....	750, 827, 1091	RING, ROBERT.....	1073
RADY CHILDRENS CONVALESCENT		REAL, MARIA.....	364, 437	RIOS, SIERRA.....	1518
HOSPITAL.....	1494	REARDON, JACQUELINE.....	725	RISSER, JOSEPH.....	630, 1174
RADY CHILDRENS HOSPITAL SAN		RECALDE, FRANCISCO.....	554, 555	RITCHIE, DAVID.....	971, 1379
DIEGO.....	1479	REDDY, ARJUN.....	379	RITTER, STEVEN.....	537, 672
RADY CHILDRENS SPECIALISTS SAN		REDDY, DANA.....	360, 634, 635	RIVAS, RENEE.....	916, 1247
DIEGO MED FNDTN.1746, 1747, 1748,		REDDY, JOSEPH.....	1179	RIVERA, TANIA.....	567
1749, 1750, 1751, 1752, 1753, 1754, 1755,		REDDY, NAVYA.....	804	ROBERTS, AUDREY.....	958, 1348
1756, 1757, 1758, 1759, 1760, 1761, 1762,		REDDY, REDDIWANDLA.....	995	ROBERTS, KENDALL.....	420
1763, 1764, 1765, 1766, 1767, 1768, 1769,		REDDY, SAMATHHA.....	682	ROBERTS, POMAI.....	443, 1041
1770, 1771, 1772, 1773, 1774, 1775, 1776,		REDDY, SMITHA.....	1092	ROBERTSON, RACHAEL.....	1137
1777, 1778		REED, KRISTIE.....	965, 966, 1532	ROBINSON, COLE.....	801
RAGUVEER, VISHAKA.....	536, 537	REEG, JESSICA.....	1581	ROBINSON, DAISY.....	417, 836
RAHIMI, NASSRIN.....	1473	REGEV, SHANEE.....	364	ROBINSON, DEAN.....	400, 1153
RAJ, ASHA.....	334	REID, CHRISTOPHER.800, 991, 1423,		ROBLEDO, DAMIAN.....	1519
RAJAEI, NILOUFAR.....	1136	1424		ROCHE, CHELSEA.....	861
RAJAGOPAL, AMUTHA.....	1190	REID, EMILY.....	365, 437, 501	RODARTE, GABRIEL.....	404, 1519, 1523
		REIFENBERGER, JODY.....	483	RODENMEYER, EVE.....	1137

M. 初級保健指數

RODRIGUES, ANNETTE.796, 826, 1035, 1082, 1349	RUELAS, ROBERTO. ....692	SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE.....1723
RODRIGUEZ JEREZ, ROBERTO.344, 385, 433, 588, 589, 702	RUIZ, MONICA. ....1308	SAN DIEGO POST ACUTE CENTER. ....1485
RODRIGUEZ, ALDO.393, 610, 692, 1448	RUNGVIVATJARUS, TIRANUN. ....1337	SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE. ....137, 138
RODRIGUEZ, CASSANDRA.....360	RUSSELL, SAMUEL.....1079, 1308	SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE, .....551
RODRIGUEZ, JAVIER. ....610	RUSSO, KRISTA.322, 478, 483, 656, 657	SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE. ....19, 20, 21
RODRIGUEZ, LOUIE. ....373, 538	RYAN, DANA.....418, 838	SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE, .....312
RODRIGUEZ, SEAN.....538	RYAN, KYLE.....824, 1034, 1081, 1340	SAN YSIDRO HEALTH CHC - OCEAN VIEW.....151, 152, 153, 154
RODRIGUEZ-MINETTE, JESSICA.772, 1476	RYU, JULIE.....1327	SAN YSIDRO HEALTH CHC - OCEAN VIEW, .....552
ROGERS, MATTHEW.....316, 714	S	SAN YSIDRO HEALTH CHULA VISTA. 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 44, 54
ROGERS, TANYA.....501	SABHA, MAHMOUD.....877, 1164	SAN YSIDRO HEALTH CHULA VISTA, . ....338
ROJAS, RICHARD. ....512	SABIN, NANCY.....501, 502, 1139	SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED. ....138, 150, 151
ROJAS, SARAH.....673	SACHS, MELISSA.....1535, 1572	SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED, .....552
ROJAS, STEVEN.....672	SACKS, BRENT.....867, 1148	SAN YSIDRO HEALTH EL CAJON.77, 78, 79, 80, 81, 82
ROMA, ANDRES.....947, 1282	SADAT, SAYED. ....972, 1379, 1380	SAN YSIDRO HEALTH EL CAJON, . ....375
ROMERO, CAMILA.....630, 631, 1353	SADDA, REEM. ....1510	SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE. ....93, 94
RONAN, KEVIN.....476, 477, 711	SAEZ, NEIL .....744, 1003	SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE, .....407
RONQUILLO, KAREN AN. ....373, 765	SAFI, ROOZCHEHR.....644	SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE, .....418, 419
RONQUILLO, RINA. ....425	SAHAGIAN, MICHELLE.787, 811, 1019, 1068, 1237	SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR.285, 286, 287, 288, 289, 290, 291, 292
ROSA, ADAM.....1680	SAHMS, TIMOTHY. ....692, 693	SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, . ....676
ROSADO, IVAN. ....538, 1174	SAIDRO, LUZVIMINDA .....317	SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE. ....23, 24
ROSCOE, SYDNEY.....1137, 1138, 1443	SAIKHON, TALIA. ....958	SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE, .....317
ROSE, PATRICIA.....699	SAJTI, ENIKO.....908, 1222	
ROSENBAUM, HERBERT.....539, 673	SALAMANCA, OMAR.....1064	
ROSENBLATT, EUGENE.....335	SALAS, JESSICA.....1093	
ROSENBLATT, SHERILYN.394, 769, 1449	SALAZAR, JUANITA.....355	
ROSS, COLLIN.....695	SALEH, FAREED.....1308	
ROSS, CRYSTAL.....324, 1138	SALEM, RAMSEY.....373, 673	
ROSSI, CATHERINE. ....862, 1138	SALERNO, MARIANA .....682	
ROUEL, LINDA.....379	SALO, STEPHANIE. ....1363, 1572	
ROUEL, WADI.....380, 448, 567	SAMI, REMAN.....339, 727, 1446	
ROUGH, STEVEN. 729, 730, 1043, 1044	SAMPATH, SRIVIDYA.....610	
ROWHANI, NAGHMEH. ....355, 746	SAMPSON, ANDRIECE.....502	
ROXAS, ROGER.....725	SAMUEL, MICHAEL.....1619, 1629, 1661	
ROZO, JOSE. ....1139	SAN DIEGO AMERICAN INDIAN HEALTH CENTER. ....205	
RUBENSTEIN, STUART. ....610	SAN DIEGO AMERICAN INDIAN HEALTH CENTER, .....551	
RUBENZIK, TAMARA.782, 783, 889, 1186, 1464	SAN DIEGO FAMILY CARE.219, 220, 223, 224, 1733	
RUBIO, HALEY.....1440	SAN DIEGO FAMILY CARE, .....551	
RUDD, CHRISTOPHER. ....977, 1393	SAN DIEGO FAMILY CARE ADULT DAY HEALTH CARE.....1502	
RUDOLF, FRANCES. ....775, 877, 1164		

M. 初級保健指數

SAN YSIDRO HEALTH NATIONAL CITY.....114, 117, 118, 119	SATTERWHITE, MAURINE.503, 504, 1140, 1141	SCRIPPS MERCY HOSPITAL..... 1480
SAN YSIDRO HEALTH NATIONAL CITY, .....446	SAUER, CHARLES.786, 809, 908, 1088, 1222, 1223	SCRIPPS MERCY HOSPITAL CHULA VISTA 1480
SAN YSIDRO HEALTH PARADISE HILLS..... 114, 115, 116, 117	SAVA HOME.....1499	SEAMAN, MARY..... 504
SAN YSIDRO HEALTH PARADISE HILLS, .....446	SAVILLE, EDITH..... 504	SEARLEMAN, ADAM.....972, 1380
SAN YSIDRO HEALTH PRECISION PARK, 552	SAWHNEY, NAVINDER.....807	SEARS-WILEY, ELIZABETH..... 1141
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER.266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285	SAWYER, CAROLYN.....1572, 1573	SEBASKY, MEGHAN..... 897, 1197
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, 676	SCHELLIE, SCOTT..... 624	SEBIANE, MARIA..... 653, 654
SAN YSIDRO HEALTH SOUTH BAY.....113, 114	SCHELLINGER, KRISTON.1363, 1364, 1573	SEBRING, JAN..... 504, 505
SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS, .....338	SCHIEDERMAYER, BENJAMIN.979, 1397	SEBSO, JODI..... 611
SAN YSIDRO HEALTH SOUTH BAY, 446	SCHLOSSER, TARA.....1573	SEFA-BOAKYE, KOFI..... 345, 688
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS.260, 261, 262, 263, 264, 265, 266	SCHMIDT, BRYAN.....634	SEILNACHT-BERNARD, KAREN... 803
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS, .....677	SCHMITT, EVA..... 1349	SEITZ, GRETCHEN.....1109
SANACORA, RACHEL... 1061, 1139, 1140	SCHNEEBERGER, ANDRES..... 1533	SELBY, BLAKE..... 1141, 1142
SANCHEZ, ADRIANA...1544, 1545, 1591	SCHNEIDER, SARAH..... 358, 628	SELECT SPECIALTY HOSPITAL SAN DIEGO..... 1480
SANCHEZ, MICHAEL.....959	SCHNEIDER-MUNOZ, MARGARITA..... 682	SELLERS, JAIME..... 611
SANCHEZ, MYRNA.....662	SCHNICKEL, GABRIEL..... 1426	SELTZER, JUSTIN.....877
SANDERS, JESSICA..... 310	SCHONBACH, ETIENNE..... 920	SENA, TIFFANY..... 1142
SANDHU, BASANT..... 404	SCHORR, EMILY.....787, 1235	SERENE HEALTH..... 1725, 1726, 1734
SANDLER, BRYAN..... 1408	SCHROEDER, JENNIFER..... 1349	SERIO, TAYLOR.....1574
SANDOC, EMILY.....1707	SCHROTER, STEPHANIE..... 1029, 1309	SERPAS, SHAILA..... 335
SANTANGELO, JOANNE.502, 503, 1140	SCHULTE, JESSICA..... 910	SHABAIK, AHMED..... 947, 1283
SANTIAGO, AMANDA.....1061	SCHULTZ, HEATHER.....972, 1380	SHABANIAN, LEILA... 1065, 1465, 1466
SANTIAGO, ROXANE..... 355	SCHULTZ, JAMES..... 405, 705	SHAFFER, KATHERINE.....726, 1180
SANTORELLI, JARRETT.....983, 1408	SCHULZ, STEFAN.....1350	SHAH, MITA..... 1226
SANTOS CAVAIOLA, TRICIA. 880, 1168	SCHUMAKER, EDWARD.373, 444, 539	SHAH, SHAILJA..... 883, 884, 1180
SAPRA, SONIA.344, 386, 433, 589, 590, 703	SCHWAB, GARY..... 1262	SHAHIDYAZDANI, TINA..... 693
SASSIC, JESSICA..... 567	SCHWARTZEL, KEVIN.....959	SHAHTAJI, ALAN..... 335, 673
SATTERFIELD, KELLIE.....920, 1259	SCHWARZ, KATHLEEN.....1317	SHAMSINEJAD BABAKI, ARASH... 568
	SCHWEIKERT, SUZANNE..... 650	SHANNON, KELLI.....1212
	SCHWENDEMANN, WADE.1000, 1066, 1211	SHAPIRO, HILARY..... 849
	SCOTT, JEFFREY..... 1611, 1661, 1677	SHARIF TABRIZI, AHMAD.910, 1237, 1238
	SCOTT, LAGINA..... 539, 1175	SHARP CHULA VISTA MED CTR... 1481
	SCOTT, RYLEE.....539	SHARP CORONADO HOSP AND HEALTHCARE CTR.....1481
	SCOTT-WYARD, PHOEBE.. 1034, 1340	SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS.....1481
	SCOVILL, ALEXANDRA..... 743, 1603	SHARP MEMORIAL HOSPITAL.....1481
	SCRIPPS GREEN HOSPITAL..... 1479	SHARP, LORRA..... 832, 833
	SCRIPPS MEMORIAL HOSPITAL..... 1479	SHARPE, NORMA.313, 317, 413, 625, 695
	SCRIPPS MEMORIAL HOSPITAL ENCINITAS..... 1480	SHAUF, JOANN..... 696, 1448
		SHAUL, SHERA..... 959, 1350

M. 初級保健指數

SHAW, BLAKE.....	594, 595	SLATER, JERRY.....	972, 1381	SREJIC, UNA.....	1099
SHAW, SUSANNA.....	845, 1099	SLAYDEN, TANNER.....	568	SRIDHAR, SUNITA.....	1320
SHEETS, ROBERT.....	1327	SLEIMAN, JOSEPH.....	435	SRILASAK, MICHELE.....	781, 862, 1461
SHEIKH MOHAMED, AMIRA.....	682	SLOAN, CRISTINA.....	1545, 1546, 1592	ST PAULS HEALTH CARE CENTER.....	1495
SHEIKH, ZARA.....	539, 540	SLOANE, CHRISTIAN.....	1165	ST VINCENT DE PAUL VILLAGE	
SHEIKH-MOHAMED, HALA.....	380	SMILDE, RENEE.....	568	FAMILY HEALTH CENTER.....	146, 147,
SHEILS, CATHERINE.....	815, 920, 921,	SMITH, CASEY.....	877	148, 149, 150	
1071, 1259		SMITH, CHELSEY.....	897, 1197	ST VINCENT DE PAUL VILLAGE	
SHENOY, ASHVIN.....	611	SMITH, DOUGLAS.....	695	FAMILY HEALTH CENTER.....	552
SHERER, KIMBERLY.....	1309	SMITH, EMILY.....	918	STABEN, REBECCA.....	345, 386, 433,
SHEREV, DIMITRI.....	730, 767, 995, 1105,	SMITH, KELLI.....	837, 1011	590, 591, 703	
1204		SMITH, LINDA.....	836	STAHL, KEVIN.....	756
SHERMAN HEIGHTS FAMILY HLTH		SMITH, SHARON.....	365, 428	STALEY, MICHAELA.....	674
CTRS INC.....	250, 251	SMITH, SONYA.....	1546, 1592, 1593	STALLINGS, ANDREA.....	1350
SHERMAN HEIGHTS FAMILY HLTH		SMOOT, CHARLES.....	540, 541	STANFORD COURT SKILLED	
CTRS INC.....	552	SNOOK, BRIAN.....	444	NURSING AND REHAB CENTER.....	1496
SHETABI, KAMBIZ.....	571	SNYDER, CHRISTOPHER.....	541, 674	STEINBERG, LEONARD.....	1292
SHETH, HASMUKH.....	356, 612	SNYDER, MICHELLE.....	1013	STENSMAN, LARS.....	312, 313
SHETH, SARIKA.....	1029, 1309	SOCHA, TRACI.....	654	STEPHENS, LAURA.....	1283
SHI, RUJING.....	568	SOLIS, KEVIN.....	1604, 1707, 1708, 1717	STEPHENSON, SAMUEL.....	984, 985,
SHI, VERONICA.....	1156	SOLORIO JR, ROBERTO.....	1575, 1581	1409	
SHIAU, NANCY.....	612	SOMERSET SUBACUTE AND CARE.....	1485	STERN, MARLEIGH.....	1156
SHIELDS, SEBASTIAN.....	1507	SONG, CAROL.....	1452	STEVENSON, REHEIA.....	862, 1013
SHIMIZU, KELSIE.....	717	SONG, DELU.....	921, 1071, 1260	STEWART, TYLER.....	888
SHINDO, YURI.....	891, 1187	SONG, JOYCE.....	411	STIPHO, SALLY.....	553
SHIRAKI, JEAN.....	540	SONG, RICHARD.....	1223, 1337	STOJANOVSKA, JOVANA.....	834
SHORT, ABIADE.....	345, 688	SONG, WEI.....	1283	STONE, CALVIN.....	1519
SHORT, RICHARD.....	426	SOPHY, ELIZABETH.....	541	STONES, RACHEL.....	444
SHU, I WEI.....	1574	SORIA LOPEZ, JOSE.....	738, 1438	STOVER, LAURIE.....	1338
SHUCKETT, ARIEL.....	590, 1248	SORIA, CLAIRE.....	845, 1099	STRAKA, CHRISTOPHER.....	1382
SHULKIN, MITCHELL.....	1707	SOROKIN, LISA.....	918	STRAZICICH, KARLA.....	412
SHUMILAK, KAILI.....	540	SOSA, DAVID.....	367, 512, 513	STREET, KYLE.....	1519, 1548
SICKLES, MAGGIE.....	324	SOUDER, CHRISTOPHER.....	1030, 1309,	STUMP, CHARI.....	613
SIETSMA, ALEXANDRA.....	1354	1310		SUAREZ, ROBERTO.....	1575
SIEVERING, DENISE.....	975, 1388	SOUMEKH, MASSOUD.....	1412	SUBRAMANIAN, RAMA.....	613
SILVASEPULVEDA, JOSE.....	713, 794, 819,	SOUTH BAY POST ACUTE CARE.....	1483	SUDHAKAR, DEEPTHI.....	730, 731, 768,
1026, 1292		SOUTHBAY URGENT CARE INC.....	1779	807, 808, 1205, 1436	
SILVEY, CHRISTOPHER.....	1535, 1574	SOZANSKI, JESSE.....	1365	SUGGS, SARAH.....	841, 1051
SIMPSON, ERIC.....	1442, 1581	SPARKS, TODD.....	755, 756, 841, 1051	SULEIMAN QAFITI, KHAWLA.....	614
SINGH, GAURAV.....	1156	SPEH, BRIAN.....	959, 1350	SULLIVAN, ELISSA.....	693
SINGH, PUJA.....	1031, 1315	SPENCE, JAMIE.....	657	SULLIVAN, THOMAS.....	991, 1418
SKAF, AYHAM.....	347, 388, 689	SPENGLER, NATHAN.....	973, 1381, 1382	SUMMERS-DAY, COURTNEY.....	541,
SKALSKY, ANDREW.....	1034, 1340	SPEZIALE, MARK.....	734, 1224	838, 1175	
SKAY, RICHARD.....	1714	SPITZER, MARSHA.....	612, 613	SUNA-SITTO, MOHEEN.....	695
SKINNER, NICOLE.....	977, 1393				

M. 初級保健指數

SUOZZO, JOSEPH.....	828, 1520	TANTISIRA, LALITA.....	1168, 1197	TITANIUM HEALTHCARE.....	1723, 1724
SUPAT, BENJAMIN.....	878	TANTOD, KULIN.....	405	TIZNADO, MONICA.....	1521
SURI, RAJAT.....	1035, 1477	TARLE, STEPHANIE.....	966, 1364, 1533,	TO, TUAN.....	1364, 1576
SUSAN PARHAM HOUSING		1575		TODD, MIKAYLA.....	310, 400, 506
CORPORATION.....	1499	TARVER, LESLIE.....	1533	TODD, SARAH.....	822, 1079, 1311
SUTTNER, DENISE.....	809, 1224, 1338	TAUB, PAM.....	901, 902	TOLBA, KAMEI.....	398
SUTTON, BRIAN.....	796	TAYLOR, CHRISTOPHER.....	462, 835,	TOLEDO-NADER, CAROLL.....	336
SUYAMA, JULIE.....	917, 1248	1062, 1462		TOLENTINO, ARTURO.....	1435
SUYDAM, STEVEN.....	846, 1100	TAYLOR, DAVID.....	897, 1198	TOLMIE, SIMONE.....	509
SWAN, MELANIE.....	365	TAYLOR, KAYLA.....	505	TOMASZEWSKI, DEBRA.....	625
SWARTZ, ERIN.....	1142	TAYLOR, TASHA.....	693, 1448	TOMLIN, JEFFREY.....	1412
SWARTZ, JOHN.....	335, 542	TCHAKMAKJIAN, LEVON.....	380	TON-NU, MY LINH.....	1598, 1611, 1619,
SWEAT, MARIE.....	1235	TEE, ALEXANDRA.....	336	1630, 1643, 1662, 1677, 1709, 1710	
SWEENEY, DANIEL.....	776	TEETER-WITT, ALYSSA.....	828, 1520	TONG, ALEXANDER.....	891, 1187
SWEENEY, NATHALY.....	810, 1224	TEJEDA, FRANCISCO.....	677	TONG, GARRICK.....	1581
SWEET, JASON.....	1382	TELLECHEA-SANCHEZ, SELMIRA.....	412	TONNU, ANH.....	1611, 1643, 1662, 1710
SWEET, PATRICK.....	674	TERRY, AMANDA.....	398	TOPILOW, NICOLE.....	921
SWEIGERT, JAMIE.....	1575	TESFAI, HELEN.....	960, 1351	TOPPEN, LAURA.....	863, 1143
SWORDS, KELLY.....	1428	TEW, JOHN.....	1634	TORRES, HECTOR.....	1442, 1581
SY, RAMON.....	683	THACH, TERILYN.....	1629	TORRES, RANDALL.....	713, 1504
SYED-UDDIN, SUMIYAH.....	1013	THAI, AMANDA.....	1715	TOTH, JESSICA.....	429
T		THAI, JUSTIN.....	542	TOUBIA, ELIAS.....	1604, 1677, 1717
TA, MINI.....	1714	THANGARAJAH, HARIHARAN.....	714,	TOVARPADUA, LEIDY.....	1190, 1191
TA, TRANG.....	1708	1037, 1421		TRAN, ALEXANDER.....	1630, 1711
TABAREZ, NORMA.....	773	THAPER, MOHINDERPAL.....	1088	TRAN, HENRY.....	1663
TADDONIO, MICHAEL.....	973, 1382, 1383	THE BRADLEY COURT.....	1485	TRAN, JESSICA.....	744, 1074, 1075, 1472
TADROS, ANTHONY.....	973, 1383, 1384	THE COVE AT LA JOLLA.....	1488	TRAN, KELLY.....	506
TAFRESHI, GILDA.....	573	THE DORTHY AND JOSEPH		TRAN, LINH.....	777, 900, 1015, 1202, 1477
TAGHIZADEH, BEHZAD.....	997	GOLGBERG HEALTHCARE CENTER.		TRAN, MICHAEL.....	1715
TAGHIZADEH, MAJID.....	513	.....	1486	TRAN, THAO.....	1719
TAHRIRI, BAHAREH.....	658	THE PAVILION AT OCEAN POINT.		TRAN, THERESA.....	1030, 1311
TAI, KUANGKAI.....	481	.....	1495	TRAN, TONNIA.....	543
TAING, JENNIFER.....	1142	THE SPRINGS AT PACIFIC REGENT.		TRAN, TU-UYEN.....	704
TALAVERA, GREGORY.....	336, 675	.....	1495	TRAN, UYEN THAO.....	543
TALBOT, ADRIANNE.....	1143	THE VILLAS AT POWAY.....	1492	TRANG, CHAU.....	1711
TAM, EMILY.....	1009, 1073, 1074, 1471	THIRUNAGARI, HARRSHA.....	412	TRAUT, JOEL.....	1311
TAM, MAY.....	1708, 1709	THOMAS, PAULA.....	1520	TREJO, ANA.....	863, 1143
TAMAS, VANESSA.....	1310	THOMAS, ROBERT.....	1198	TREJO, RAUL.....	337, 675
TAMAYO, MAITHE.....	614	THOMAS, ZACHARY.....	542	TREUNER, JULIE.....	625
TAN, LO FU.....	675	THOMPSON, CHERYL.....	405	TRI CITY MEDICAL CTR.....	1481
TANAKA, HIDEAKI.....	775, 1165	THOMPSON, COLE.....	973, 1384	TRIMM, CASSIDY.....	977, 978
TANAKA, MARY.....	321	THOMSON, SAMANTHA.....	917, 1249	TRINGALE, KATHRYN.....	1369
TANG, ANDREW.....	1030, 1310	THYGERSEN, ALAYSA.....	838	TRIVEDI, SURAJ.....	846, 1100
TANG, MICHAEL.....	892	TILLMAN, SYLVIA.....	1662, 1709	TROYER, EMILY.....	1507, 1577
TANTISIRA, KELAN.....	1327	TILTON, PETER.....	1576		

M. 初級保健指數

TRUECARE.24, 25, 26, 83, 84, 85, 127, 128, 131, 132, 133, 134, 135, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260
 TRUECARE,318, 469, 482, 645, 646
 TRUJILLO, DALE..... 864
 TRUJILLO, JENNIFER....345, 591, 1249
 TRUJILLO, MIGUEL..... 696
 TRUONG, NHA.....543
 TRUONG, VENNES..... 513
 TSAI, MATTHEW..... 884, 1180
 TSUCHIYA, KIMIKO..... 543
 TSUDA, PAIGE.....846, 1100
 TSUI, NANCY.....1663
 TU, BEVERLY.....1663
 TU, CHARLES.....1711
 TUCKER, LANIKA.....864, 1143
 TUEROS, VICTORIA..... 506
 TULLY, JEFFREY..... 846, 1100
 TUNG, VIVIAN..... 420
 TURNER, ERIC..... 395, 704
 TURNER, SHEREENA..... 395, 626
 TWAMLEY, ELIZABETH..... 1365, 1577
 TZENG, ERIC..... 847, 1101

U

U, HOI..... 988, 1412
 UCSD LA JOLLA JOHN SALLY THORNTON..... 1482
 UCSD MEDICAL CTR.1482
 UCSD MEDICAL GROUP, 571
 UDOH, EKAETE.....626
 ULRICH, STACEY..... 1312
 UNGER, LINDSEY.....979, 1398
 UNIVERSITY CARE CENTER..... 1495
 UNSDORFER, KYLE..... 974, 1384, 1385
 UNTERBERG, STEPHEN..... 1428, 1429
 UPASANI, VIDYADHAR.1037, 1084, 1418
 URIBE-BRUCE, LILIANA.....569
 UTZ, JACK.....675
 UWEDJOJEVWE, LETICIA..... 340
 UY, ASHLEY.....367
 UY, CARMELITA.....451

V

VAHABZADEH-HAGH, ANDREW.938, 939, 1276, 1277
 VAHDAT, NOUSHIN..... 974, 1385
 VAHDAT, VALERIE.....1011, 1433, 1450
 VAIDYA, KAMALA. 746, 822, 1080, 1312
 VAKILIAN, SIAVOSH..... 830, 1385, 1386
 VALDEZ, KRYSTAL ANGELI.569, 1168, 1169
 VALENCIA, MARILES.....356, 451
 VALENZUELA, TRICIA.....544
 VALLE VISTA POST ACUTE..... 1487
 VALLEZ-BARLAM, ANDREA.828, 829, 1091, 1521, 1549
 VAN DYKE, JASON.....634
 VAN HOOSE, MARC.....1711
 VAN PRATT LEVIN, BENJAMIN..... 1175
 VANDEWIELE, EMILY.....1393
 VANE, JACKSON..... 1312
 VANETSKY, GARY.....797
 VANHOLLEBEKE, RACHEL..... 312, 676
 VANWOY, LAUREN.....1313
 VAQUERO, JUANA..... 829, 1522
 VARGAS, CHRISTOPHER..... 748, 749
 VARGAS, JACLYN.1004, 1080, 1313, 1314
 VARGAS, ROBERT.....626
 VARGASTRUJILLO, MARCELA.1033, 1316
 VASQUEZ, BENJAMIN.....978, 1393
 VAUGHN, GABRIELLE..... 1292
 VAVINSKAYA, VERA..... 947, 1283
 VAYNGORTIN, TATYANA..... 1314
 VAZQUEZ-ERLBECK, MARTHA.....662
 VCC DURIAN..... 300, 301
 VCC DURIAN,708
 VEGA, TERESA..... 325, 506
 VELASQUEZ, FERNANDO..... 507
 VELASQUEZ, SHARON.337, 444, 676, 726
 VELAZQUEZ CAMARENA, MARIA.341, 683
 VELLOREGOVARDHAN, SHILPA.1292
 VENNAM, VAMSI KRISHNA.....1522
 VENTRO, GEORGE..... 981, 1401

VERDUZCO GONZALEZ, AURORA..... 366, 438
 VERRET, ERIC.....1630
 VETTICADEN, SANTOSH..... 408
 VIA RIO HOUSE.....1488
 VIBAL-POASTER, MARIA..... 1144
 VICTORIA POST ACUTE CARE.1485, 1486
 VIDAL, MONICA.....468, 469
 VIDAURRAZAGA, MONICA.....569
 VIDEEN, JOHN.....736, 737
 VILLA CORONADO CONVALESCENT..... 1483
 VILLA LAS PALMAS HEALTHCARE CTR.....1486
 VILLA RANCHO BERNARDO CARE CENTER..... 1495
 VILLA, ANGELICA.....1604
 VILLA, MARIA.....544
 VILLALOBOS, REBECA.....507
 VILLANUEVA DE GUTIE, BERENICE..... 366, 438
 VILLANUEVA, GIOVANNI.756, 841, 1052
 VINCENT, BERLIN.....1148
 VINCENT, LAUREN..... 327
 VINH, JOHN.1612, 1619, 1643, 1663, 1664, 1678
 VISTA COMMUNITY CLINIC.100, 129, 130, 131, 302, 303, 304, 305, 306, 307, 308, 309, 1743
 VISTA COMMUNITY CLINIC GRAPEVINE.....299, 300, 301
 VISTA COMMUNITY CLINIC GRAPEVINE,708
 VISTA COMMUNITY CLINIC HORNE STREET..... 126, 127
 VISTA COMMUNITY CLINIC HORNE STREET,470
 VISTA COMMUNITY CLINIC PIER VIEW WAY.....129, 131
 VISTA COMMUNITY CLINIC PIER VIEW WAY,470
 VISTA COMMUNITY CLINIC, 416, 469, 470

M. 初級保健指數

VISTA HEALTHCARE CENTER.....1499	WEISSBROD, PHILIP..... 940, 941, 1278	WOLF, RICHARD.....785, 904, 1214	
VISTA HOUSE.....1499	WEISSMAN, CORY.....1577	WOLFE, AMANDA.....1086	
VISTA KNOLL SPECIALIZED CARE FACILITY.....1499	WELLS, TODD.....1094	WONG, RICHARD.....943, 1280	
VIVIRITO, MARY.1598, 1619, 1630, 1644, 1664, 1678, 1679, 1712	WEN, AKI YEN CHANG.....341, 683	WONG, SHARON.....1665	
VO, ANDREW.....923, 1262	WERHO, DAVID.....1293	WONG, VICTOR.....1321	
VO, ANDREW MINH.....1644, 1712	WERNER, R AARON.....1612	WONG, YOLANDA.....615, 616	
VO, PHU LUONG.....1175	WERNER, REX.....1612	WOO, ANDY.....1144	
VOLLER, STEPHANNIE.....1225	WEST, JULIE.....1018, 1089, 1226	WOODWORTH, JENNIFER.829, 1450, 1522	
VOLPP, PAUL.....752, 830, 1007, 1369	WESTERMANN, MELISSA.732, 1067, 1212, 1213	WRIGHT, DEREK..749, 826, 1082, 1353	
VOSSLER, JOHN.....1426	WESTERN ADHC.....1500	WRIGHT, KIMBERLY.....1086	
VU, PETER.....888, 1184	WETTERSTEN, NICHOLAS...902, 1016	WU, EVA.....1679	
VU, WENDY.....417	WHEELER, KIM.....771, 1511	WU, JENNIFER.....545	
W			
WAGNER, TASIA.....462, 463	WHITE, KATHERINE.....544	WU, MICHELLE.....1578	
WAHLIN, TAMARA.....960, 1351	WHITE, KERI.....1087	WYLIE, BLAKE.....312, 419	
WALDRUP, LARHONDA.....803, 1144	WHITE, KYLE.....1006	Y	
WALKER, JULIE.....1394	WHITEHURST, UNIQUE.....1144	YADLAPATI, RENA.....898	
WALLACE, STEPHANIE.....1473	WHITLEY, NICHOLAS.....337	YAGUDAYEVA, RAISA.....1578	
WALSH, JOHN.....826	WIENER, GREGORY.....727	YAMADA, KENTARO.....1260	
WANG, ANGELA.....898, 1198	WIJAYARATNE, IMANIE.....751, 1507	YAN, CAROL.....941, 942, 1279	
WANG, DEHUA.....1284	WILAND, WINONA.....717	YANG, JENNIFER.....1236	
WANG, HUAN YOU.....888, 1185	WILCOX, WENONAH.....720	YANG, JENNY.....898, 1199	
WANG, LUKE.....994, 1429	WILLIAMS, BREAHA...366, 438, 508	YAO, CATHERINE.....356	
WANG, MICHELLE.....847	WILLIAMS, JESSICA.....635	YAPHOCKUN, KARENKIM.....1314	
WANG, REGINA.....544	WILLIAMS, JINA.....707	YCASAS, EMILY.....1433, 1462	
WANG, YVETTE.....1314	WILLIAMS, KRISTIN.1000, 1067, 1213, 1214	YEANG, CALVIN.....1106	
WARD, KATHERINE.....421	WILLIAMS, MATTHEW.....1026, 1293	YELLEN, LAURENCE.....998	
WARDI, GABRIEL.....778	WILLIAMS, SHANTRICE.....763	YEO, ALEXANDRIA.....781, 864	
WASSON, MINA.....614	WILLIAMS, STACY.....978, 1394	YIDI, DIANA.....1578	
WASTILA, LISA.....570	WILLIAMS, TAKISHA.325, 366, 429, 508, 698	YODER, ANDREA.....847, 1101	
WATERS, ELIZABETH.....615	WILLIE, KADEN.....645	YOON, RYAN.....337	
WATSON, DEBORAH.939, 940, 1277, 1278	WILSON, CARLENE.....1546, 1547, 1593	YOON, TAE.....381	
WATTANAMANO, PORNTHEP.....570	WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL.....1496	YORK, VINCENT.....974, 1386	
WATTS, ELI.....570	WINDSOR GARDENS CONV CTR OF SAN DIEGO.....1491	YOSHII-CONTRERAS, JUNE.....716	
WEATHERLY, JACOB.....615	WINESBURG, JENNIFER.386, 434, 592, 703, 1046	YOU, ALAN.....878, 1165	
WEAVER, AMANDA.....1510	WINKLER, GARRET.....878	YOUNAN, LAWRENCE.....848, 1101	
WEAVER, APRIL.....712	WISHNEK, HANNAH.....1533	YOUNG, ALLA.....1606, 1665	
WEBB, SHANNON.....1351	WITCZAK, IZABELA.....647	YOUNG, JENNIFER.....318	
WEBSTER, LUKE.....1199	WOELKERS, DOUGLAS.....785, 904	YOUNG, JOCELYN.....794, 1317	
WEICKERT, MARIA.....507	WOLF, CELIA.....508	YOUNG-PEN, TONI.....626, 627	
WEIR, JACQUELINE.....961, 1352		YOUNOSZAI, ADEL.....1293	
WEISS, KATHERINE.....1018, 1225, 1338		YOUSEF, ANDREW.....595	
		YOUSSEF, FADY.....884, 885, 1181	
		YU, AUDRINE.....979	

M. 初級保健指數

YU, CAROL.923, 924, 1263, 1644, 1645,
1712
YU, ELAINE..... 879, 1165
YU, HELENA..... 1321
YU, JENNIFER..... 1321
YUAN, HENRY.....737
YUNG, DORIS.....482
YUNG, STEVEN..... 571

Z

ZABLIT, KARIM.....595
ZACHRY, ALISON..... 321, 477, 482
ZAGE, PETER..... 1321
ZAHEER, AARON.....616
ZAHLER, MARVIN.....545
ZAIDI, NOORINA.1598, 1612, 1631, 1645,
1665, 1679, 1712, 1713
ZAMBRANA, GEORGE.....395
ZAND, FARIBA..... 412, 616
ZANDER, ASHLEY..... 993
ZANGEN, ROCHELLE.....483
ZAPALA, MATTHEW..... 974, 1386, 1387
ZARE, SOMAYE..... 947, 948
ZARGAR, SHABNAM.....356
ZAYAS, MARIO.....1578
ZAYED, AHMAD.....381
ZECHA, RONALD..... 400
ZELAC, DANIEL.....314
ZHANG, HAIYAN..... 948
ZHANG, SHERRY..... 899, 1199
ZHAO, TAILUN.1613, 1620, 1631, 1645,
1713
ZHONG, YAN.....1227
ZHOU, JENNY.....1185
ZIEG, ALAN.346, 387, 434, 592, 593,
594, 703
ZIMBRIC, MICHAEL..... 811, 1236
ZIMMERMAN, JENNIFER.....1579
ZINK, IRENE.....545
ZLATAR, ZVINKA..... 966, 1534
ZONA, EMILY..... 1511
ZUBAIR, RAHEEL..... 715, 1157
ZVANUT, DONALD.1613, 1620, 1631,
1645, 1666, 1680

Notes

Notes

郵寄地址：

Blue Shield of California Promise Health Plan
3840 Kilroy Airport Way
Long Beach, CA 90806

客戶服務

(855) 699-5557，週一至週五上午 8 點至下午 6 點。

聽障人士協助 TTY

(透過 California 中繼服務) 711，
週一至週五上午 8 點至下午 6 點。

blueshieldpromise.com

DIR50528-SD-TC 10/2024



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